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FINDING VOICE
THE PSYCHOSOCIAL PROCESS OF HEALING WOUNDED WOMEN RELIGIOUS

BY

©

BERNADETTE MARY LAFRAMBOISE

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Doctor in Philosophy.

IN

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Dedication

To my family and community

Abstract

The question addressed in this study was: What is the process by which women wounded healers are healed? The stories of six women religious wounded healers and their experiences of healing form the basis of this qualitative study. Healers in this study are people whose life style is expressed in helping others through teaching, nursing, hospital chaplaincy, prison chaplaincy, and other helping professions. To be an effective healer involves being sensitive to the sufferings of others. Yet that very sensitivity can wear one down physically, emotionally, and spiritually. When this happens, the role of being the healer changes to being the wounded healer. Using a modified grounded theory approach, a core process consisting of two phases was identified. "Finding their inner voice" to share their pain and their desired needs was the core basic psychological process. "Finding inner voice" is understood in light of the experience of becoming wounded and the experience of being healed. In turn, each of these is understood as comprised of three themes. Becoming wounded includes: (a) Losing the true self, (b) Attempting the ideal self, and (c) Living the incongruent self. Becoming healed includes: (a) Turning point, (b) Therapy, and (c) Owning the true self. Understanding the social process of "Finding voice" is discussed in terms of the confusion between authority and obedience, the genesis of

which is in the family of origin and lives itself out in the social context of the religious community.

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1. INTRODUCTION

Genesis of This Study

In all research endeavours the researcher brings to a study, personal values, beliefs, and life experiences. The idea for my research topic emerged from an encounter with a woman who herself was a caregiver in the nursing field. When I met this person, I saw her brokenness on the outside as I watched her cling to the walls of a hallway. I began to wonder what her real pain was, that is, the pain within her deeper self that was preventing her from literally "standing on her own". I surmised that a breakdown in her relationship between her professional life and personal life coupled with a shattered self-image might be the cause of her looking hopeless and meaningless. I watched her move through the days and months of her healing process in a therapeutic milieu. Gradually, she emerged from the dark night that rendered her powerless and her whole outer appearance changed.

I saw this person four years later. She was not the same person I saw bent over and clinging to walls. Her appearance and what she shared about herself triggered a plethora of questions:

1. Is this woman's experience described anywhere in the literature?
2. Does this woman's experience have a label, name or etiology?
3. How is this kind of breakdown experienced by a religious woman who is in a helping profession?

4. What is it like for a wounded healer to need to be cared for?

5. What accounts for the eventual healing of the wounded healer?

6. What role does faith have in the healing process for this woman?

7. What is her image of her healing process?

I was aware that one study would not yield all the answers to exhaust these questions. However, my curiosity with healing as a process was struck.

Focus of Investigation

The question which is the focus of this study is, what is the process by which women wounded healers are healed? The participants are women religious who were in therapy because of difficulties they had experienced in their personal and professional lives.

To be healed, these wounded healers decided to withdraw from their individual ministries for three to nine months to enter therapy. Their ministries include nursing, teaching, parish work, prison work, administrative and leadership roles. Entering into therapy gave these persons an opportunity to create space for themselves and to come to terms with their own suffering. Withdrawing from their respective ministries was very difficult. Many of these persons saw themselves as failures when they were encouraged to leave their places of work or when they themselves had to admit that they needed to leave their workplace to seek out professional help to deal with their problems.

In his book, The Wounded Healer, Henri Nouwen explains that withdrawal from ministry is a painful and lonely process because it forces wounded healers to face directly their own condition in all its beauty as well as its misery (1979, p. 91). Like their counterparts in health-related fields, women religious are often characterized by a belief that if they are in need of healing, they should be able to heal themselves (Kleiger, 1990, p. 214). Care of oneself is a prerequisite to ministry. Harbaugh and Roger (1984, p. 104) assert that the single most important person to address, if there is to be a resolution to pastoral stress, is the person.

Women religious are often drawn to the helping professions out of a sense of altruism. When the workload is unlimited and the work becomes an enticing source of personal satisfaction, the eventual outcome of neglecting the self is practically inevitable. Learning to slacken the pace and put down some of the load is difficult for such persons. As healers, they are often reluctant to seek help for their own distressing issues which may have their origins in things other than their ministry. The constant expenditure of energy for others creates a pattern of emotional overload that may result in emotional and physical exhaustion for the wounded healer. Emotionally and physically exhausted persons are unable to continue helping those they are working for or with in their ministry. The wounded healer may also experience her need for healing as an assault on her facade of perfection and divinity (Kleiger, 1990).

Explaining and understanding the process by which wounded healers are themselves healed remains a complex issue both for the individual as well as for those surrounding that person, i.e. their families, friends, and community members.

I refer to the participants in this study as **WOUNDED HEALERS.** As employed by Henri Nouwen (1979), this term refers to persons (ministers) who have been wounded. It is because of their experience of deep woundedness that they are able to be effective healers. Nouwen comments: "the minister can make [her] own wounds available as a source of healing. Therefore, [his] book is called The Wounded Healer" (p.xvi). Nouwen later describes the wounded healer as: "the one who must look after [her] own wounds but at the same time be prepared to heal the wounds of others" (1979, p. 82). As I use it, **WOUNDED HEALER** is a woman religious who is in the helping profession who experiences being wounded even though her ministry is to help and to heal others. The **HEALER** is one who comforts the wounded and helps to bring about healing, compassion, and understanding by listening to the woundedness of the individual. Many wounded healers come from the ranks of the helping professions such as nursing, teaching, prison and hospital chaplaincy, and administration. In all instances, the participants in my study can be referred to as wounded healers. Three of the women actually identified themselves as wounded healers in the interviews.

To be wounded interiorly means to be hurt, damaged, and not whole. Part of one's being is absent and not functioning to its potential; one is incapable of doing what one likes and wants to do. Some people are not able to relate to others as a result of this interior hurt or pain. Often the words used by the participants to describe their **WOUNDEDNESS** were: "deep raw pain", "a kind of heaviness", "a pain of emptiness", "emotionally twisted", feeling "powerless and out of control", a pain that "cripples", a "scar", "inner malaise", "heaviness of spirit", and "an inner struggle of turmoil".

In considering the shift from woundedness to healing, it is useful to consider the origins of the word **HEALING** which derives from the Anglosaxan word hal, meaning to make whole. To heal, haelen, is to make whole (Websters New Twentieth Century Dictionary, Second Edition, 1979). Other meanings of healing include: to restore to health, to make well, cure, mend, rehabilitate, and to recover. In this study, healing refers to the process by which these women move to a sense of wholeness.

Although the term Wounded Healer has been used by Nouwen (1979) and by Patterson (1990), neither have defined the term. There is no integrating framework to describe the process of healing for these wounded healers. As well, the perspective of the wounded healers themselves is missing. As a researcher, I chose to return to the experience as it is lived. The source of knowing for this study is the women who were wounded and who healed.

Approach to the Study

Techniques associated with grounded theory methodology provided a means for developing a theory describing the process of becoming wounded and being healed as it was experienced by the six women who participated in the research. The purpose of grounded theory is to understand how people define their reality through interaction. Grounded theory is also appropriate when it is important to refocus and clarify existing research (Hutchinson, 1986; Stern, 1982; Quartaro, 1986). Moreover, grounded theory generates a theory that articulates the meaning of the experience to the participant. A narrative presentation of their in-tact, although abbreviated stories incorporated the opportunity to share the sense of the "lived experience" of these women that informed the conceptual themes from the study.

The theory that evolved is about women "finding their inner voice" to proclaim their true self. Because many women reach for their inner truth introspectively before finding a voice to speak and act on their reflections, the participants are quoted, to allow the reader to hear the voices and to convey the meaning of their words. A "voice-centred approach thus transforms the act of reading into an act of listening, as the reader takes in different voices and follows their movement through the interview" (Brown & Gilligan, 1992, p.25).

Perspective of the Inquiry

In qualitative research "the researcher is the instrument" (Patton, 1990, p.14). It is therefore important to recognize that the validity in qualitative methods "depends to a great extent on the skill, competence, and rigor of the person doing the fieldwork" (Patton, 1990, p. 14). Hence, the subjectivity that is legitimate and inherent in this qualitative research is embedded in who I am as a person.

Qualitative research recognizes the unavoidable presence of the researcher in the formulation of the question, the determination of what are the data, the collection of the data, and their interpretation. Rather than attempting to eradicate or avoid such influences through experimental design, I attempted to articulate predispositions and biases that came into my awareness throughout the study. Despite the assumptions that I was relatively aware of the potentially influencing factors prior to collecting data, awareness kept arising. By disclosing the background of the researcher, those who read this dissertation will be able to take the researcher's perspectives into account. Given the researcher's orientation, the reader is then able to judge whether the phenomenon of interest has been illuminated from a particular perspective (Valle & King, 1978).

In providing an understanding of the background of the researcher, I describe my experience and theoretical perspective as a therapist, my assumptions as a researcher and as a wounded healer. My emphasis in so doing is to identify the potential influences I needed to be cognizant of in doing the study. Presumably there are others outside of my awareness. Those of which I am aware are included.

Extensive work with women religious in therapy was indeed part of the genesis of the study and is part of the credibility I bring to it. Following a one year internship at Southdown, a residential treatment centre for these women, I later moved to Edmonton to again work with a similar group of people. During my doctoral internship, I subsequently created and implemented an intensive out-patient program for priests, brothers, and women religious. This was a program to assist these people in their healing process. I journeyed with many wounded women religious in these two settings as well as in my private practice as I wanted to learn about their process of healing and what this experience was like for them.

Given that my research question comes out of my interest in the process of healing wounded women religious, my deep curiosity in this group of people, a sensitivity to their needs, attitudes, reactions, and emotions challenged me to provide for them a climate whereby they could begin to trust their own experience and move forward with it. My theoretical preferences reflect my stance toward working with these women.

When I reflect on the various counselling theories, I see my process of doing research emerging from the experiential and relationship oriented approaches based on humanistic psychology. In the realm of research, the person centred approach is expressed by allowing the person being interviewed an opportunity to find her own mode of expression. Consequently, I found this approach especially helpful when interviewing the six participants for this study. Coming from a Rogerian approach, I felt I am equipped to create an environment that is safe, accepting, understanding, and trusting. This stance enables the participants to experience the necessary freedom to explore their woundedness and healing from their perspective.

Another school of therapy I draw from is that of the existentialist and, in particular, from the approaches of Viktor Frankl and Rollo May. The existential method requires a caring presence which demands competence by thorough training directed to understanding human experience. As Rollo May says: "the therapist to be effective must make her own constructs sufficiently flexible so that she can listen in terms of the patient's constructs and hear in the patient's language" (1967, p. 27). I like the existential approach because it places its emphasis upon the existence of the person; it is the emphasis on the human being as she is emerging or becoming which is consistent with a person centred Rogerian approach (Corey, 1982, p. 84). The existential approach to therapy and research looks at the meaning we give to life as it deals with the paradoxes of freedom and responsibility; need for centre and need for others; awareness of death and immortality (Corey, 1982, p. 70-74).

Consistent with existential therapy which seeks to expand self-awareness and increase the potential for choice, my choice of approach allows the participants to freely express what they wanted to say rather than what they thought the interviewer wanted to hear. Hence the participants are free to explore the inconsistencies in themselves and to look more carefully at their dependency and independency struggle as part of their experience of healing. According to Viktor Frankl, the essence of human motivation is the "will to meaning". When a person does not find meaning in her experiences in life, the individual becomes "existentially frustrated" (Frankl, 1967, p. 184). There is a lack of meaning or purpose to her life. During the process of telling their stories of being wounded and becoming healed, I was able to listen attentively, observe and provide empathic understanding and appreciation for their creative giftedness as they shared their life experiences. I also felt that my unobtrusive responses helped them to look at themselves in an insightful way as they struggled to identify the shapes of their emotional binds. As I reflected back to each person what I heard in their stories or "voices" as I called them in the study, I attempted to create an atmosphere of trust where self-discovery could occur. A couple of the participants shared that seeing their story in print also helped them to integrate their experience more fully. To this degree participating in the research was therapeutic. It was however not the goal of the research.

As a professional therapist now doing research, I continually am aware of the need to be alert to the potential conflict between the two roles. I also found myself having to, at times, consciously set aside my assumptions of what constitutes good therapy. Relative to the issue of being a wounded healer, I chose to disclose my own story as part of the study. It appears with the other narratives in chapter four. Including my story, allowed me to be more sensitive and more understanding of the complexity of the healing process and the vulnerability of the women who were sharing their stories. Given issues in my story, I was aware of the need to keep an open mind and allow the theory to emerge from the collected data. In other words, I was consciously open that our journeys may or may not be similar. To the best of my ability, I had to deal with some of my assumptions, e.g. putting aside my hunches about healing or about the therapeutic interventions that might heal the hurts shared during the interviews. Keeping in mind my own dysfunctional relationships with persons in religious authority, I was aware of the need to avoid pre-judging the way participants have lived their religious life and of making judgements about their religious superiors (persons in authority). Journalling after each interview helped me to prevent my perceptions, prejudices, attitudes, and subjectivity from inappropriately colouring the data and the findings in this study.

Definitions of Terms

To help guide the reader's understanding of the process of becoming wounded and of being healed as it unfolds in this study, a number of terms beyond "wounded healer" and "healing" are clarified.

The concepts of **TRUE SELF, IDEAL SELF, AND INCONGRUENT SELF** are adaptations of terms used by Carl Rogers. The use of these terms conveys traditional psychoanalytic meanings which are not intended in this study. In my study, I use "true self" for Roger's "primary self"; "ideal self" is consistent with Rogers' use of "secondary or pseudo self";

and the "incongruent self" reflects dissonance between the two. The ambivalence is augmented and accelerated by the process of losing access to the "primary" or "true self" as these women try to superimpose the "secondary self" or "ideal self" over it.

OSTINATO is a music term that comes from an Italian word that means obstinate. It is a short melodic phrase repeated over and over by the same voice or instrument in the same pitch.

CHILDHOOD OSTINATO refers to the repeated patterns, the negative tapes of: "You're no good", "You should have been a boy instead of a girl", "You're a burden" and "You're not very intelligent" etc. These negative voices get replayed over and over thus reinforcing an unhealthy self-image.

ADULT OSTINATO describes the harsh repetitive sounds of adult life: "You should never have entered religious life", "You're not intelligent enough to send to university", "You're just a cook", "Maybe you should leave the congregation or take a leave of absence", and "You're not earning your way".

A **DYSFUNCTIONAL SYSTEM** is one that "takes control of us, causing us to do and think things that are inconsistent with our personal values and leading us to become progressively more compulsive and obsessive" (Schaef, 1987, p. 18).

THERAPY is a remedial treatment which aims to alleviate suffering. It is pertinent to healing.

WOMAN RELIGIOUS is a term that refers to women who have chosen a particular life style. She is a female member of a religious order vowed to celibacy, obedience, and poverty. She is a person dedicated to serving and helping others in her chosen ministry or work.

Organization of the Dissertation

This document is organized in eight chapters. Following this introduction which discloses the genesis of the study, and introduces the research topic in a way that provides an overview of the topic under investigation, chapter 2 is a review of the literature and provides a critique of the research topic based on the characteristics of the wounded healer, the presenting problems of this individual, and an indication of the issues around the wounded healer's psychological treatment. Chapter 3 is an explanation of the approach taken in this study. Chapter 4 is devoted to the women's stories as they spoke them with me. Chapter 5 is an overview of the theory, Finding voice: From woundedness to healing. The analysis of the experience of moving from woundedness to healing is shared in depth in chapter 6 with supporting quotes from the transcripts of the participants. Chapter 7, a discussion of the social process of Finding voice, reports the significance of the study, generalizability of the study, and recommendations for further research. Chapter 8 is the epilogue.

2. LITERATURE REVIEW

As suggested by Strauss and Corbin (1990), the literature for this study was used to stimulate theoretical sensitivity by providing concepts and relationships that are checked out against actual data, to stimulate questions, to direct theoretical sampling, and as supplementary validation. Glaser (1978), reminds the researcher of the caution that is to be considered. He comments:

> This general warning against sampling outside the substantive area before an emergent framework is established cannot be heeded too closely and carefully. Besides undermining the relevance of the substantive area, the literature's focus frequently becomes a "pet" interest of the analyst because of its respected author (p. 51).

The literature review in a grounded theory research serves a different purpose from that of hypotheses-testing research. Grounded theory is designed to generate theory; not test it (May, 1986). The primary purpose of the literature review is to allow the reader to view the phenomenon as the investigator did initially at the start of the study. This approach allows the researcher to explain phenomena in light of the theoretical framework that evolves during the research itself. Therefore, one does "not want to be constrained by having to adhere to a previously developed theory that may or may not apply to the area under investigation" (Strauss and Corbin, 1990, p. 49).

In keeping with the grounded theory method, the relevant literature in the area of the wounded healer is presented. The preliminary literature provides the reader with a context for the research study. The literature review for this kind of study is not meant to be exhaustive nor does it dominate the focus of the research, or provide a critical evaluation. As Strauss and Corbin (1990) state:

> It is only after a category has emerged as pertinent that we might want to go back to the technical literature to determine if this category is there, and if so what other researchers have said about it (p. 50).

The technical literature on the wounded healer tends to be insightful and intuitive without giving an explanation of the process by which these persons are healed. It is also important to note that although the literature is replete with research about stress and burn out, this was not the focus of this investigation. The literature review was specific to healing as experienced by wounded healers.

For the purposes of this study, the literature is divided into three main groups: (a) the characteristics of the wounded healer, (b) the presenting problems of the wounded healer, and (c) the challenge of psychological treatment for the wounded healer.

The Characteristics of the Wounded Healer

Women religious are in a good position to be healers, since others turn to them for help, and are offered emotional support, practical aid, and information. The long tradition within religious institutions of responding to human needs establishes the prerogative and responsibility of women religious to reach out to those in need (Hooyman, 1983; Pargament, 1982). Bergin, Masters, Stinchfield, Caskin, Sullivan, Reynolds, & Greaves (1990) found religious and personality development to be intertwined. Those who experienced a benevolent child rearing, and smooth, and continuous religious development, were rated as conforming to the parental faith without much adolescent rebelliousness. For these individuals, institutionalized religion was an opportunity for positive growth. Individuals who grew up in a more conflict-laden environment discontinued their religious commitment over time. Troubled personal development and troubled religiosity (intrinsic religious values) seem to be interconnected. Bergin and his associates (1990) found that a number of these people found healing in intense religious experiences that compensated for deficiencies in their personality. In a few cases, the structure of religious belief and activity provided temporary relief from emotional conflict but did not resolve the deeper problems. Their involvement in a religious institution may appear at first to strengthen their maladaptive defenses. However, the defenses eventually weaken and an increase of disturbance is noted in the individual's personal development and ability to cope with everyday aspects of life. It appears that for many, religious influences were therapeutic, while for some, the religious factor was part of a self-defeating pattern (Payne, Bergin, Bielema & Jenkins, 1991).

Healers are often overly responsible, mediators, "good children" or "burden bearers" in their family of origin (Lackie, 1983, p. 1). Caretaking experiences in our family of origin not only shape our career choices, but colour our professional development. Others, (Ackerman, 1961; Zug and Rubenstein, 1965) refer to the role of enabler, or "family healer", as being learned in the family of origin. This role is subsequently carried over into one's personal and professional life.

Blumenstein (1986), in the context of talking about professionals as extensions of the parentified child role from their family of origin, states that current relationships are determined by past relationship experiences. The healer is described as having high needs for acceptance and approval as well as being overly fearful of failure and loss. There are also those healers who have personality characteristics of being empathetic, idealistic, altruistic, and overly committed in the service of meeting the needs of others. With such an identity need, these persons often lack assertiveness and the ability to establish limits or boundaries within the helping relationship (Blumenstein, 1986).

Healers who are members of a professional organization, such as a religious congregation of women, often experience conflict between expectations of the organization and their personal expectations. This creates stress which eventually leads to a personal depletion or breakdown for the healer. When the organizational structure lacks the flexibility to meet human needs, the individual is at increased risk for burnout (Maslach, 1982; Pines, Aronson & Dafry, 1981). The healer is often unclear as to who defines her caretaking responsibilities to both herself and others. This can generate confusion between her responsibilities and role in her religious congregation. Such ambiguity and confusion about role can contribute to one's emotional breakdown. The impact of this stress in the healer is often demonstrated in the expression of anger, anxiety, hostility, and despair. These traits challenge the competency of the healer as a professional and as a person. As a result, the person tends to want to deny her need for therapeutic healing.

The Presenting Problems

The presenting problems of wounded healers are often manifested in a combination of psychological and spiritual issues which may at times overlap; feelings of depression may be compounded with a sense of meaninglessness, loss of self-esteem, joy, hope, or faith in God (Serlin, 1990). It is difficult to infer prevention of such problems from the data available in religious and mental illness literature, because of the lack of studies which deal with prevention (Payne et al., 1991). Much of the literature discusses reasons why healers become wounded healers. In his book, In Search of the Wounded Healer, Patterson (1990) endeavours to portray the movements of the helper becoming the wounded healer. Nouwen (1979) attempts to respond to healers who are questioning their own relevance and effectiveness: "the minister is called to recognize the sufferings of their time in their own heart and make that recognition the starting point of their service" (Nouwen, 1979). If healers cannot speak out of their own personal experience of being wounded by suffering, they cannot effectively minister to others who are wounded.

The Challenge of Psychological Treatment

Psychological treatment of religious women brings unique problems. First, their communities are different from most secular environments and families. Hence their presenting problems occur in a special context. The communities have their own traditions, laws, and customs (Meissner, 1965). From my own observations, community norms include a positive emphasis on formality and respect, attachment to group ideals rather than personal friendships, a clearly defined model of governance, and rules governing daily schedules, work and social interactions. Not all communities have leadership members who use a collaborative style of governance. There are some who continue to adhere to a hierarchical model of governance, believing that authority comes from the top, from above. Hence, the control of power rests with a select few leaving little room for mature decision making and good interpersonal relationships between members of the community. More will be said about authority in a later chapter.

Serlin, (1990) writes that while these practices seem necessary for spiritual training, they may pave the way for future difficulties. In some instances, it would have been difficult to distinguish healthy spiritual detachment from schizoid detachment, healthy self-renunciation from poor self-esteem, and healthy transcendence from escape from reality. For example, group rules may enforce patterns which occurred in the dysfunctional nuclear family. For some religious persons, therefore, the highly disciplined and hierarchical organization of the community only helps to repeat childhood patterns of enforced silence and lack of intimacy, workaholism, lack of spontaneity, emotional denial, and intolerance of nonconformity (Serlin, 1990 p. 91).

Summary

This literature review serves to alert us to social and psychological problems that challenge the competency of the wounded healer as a professional and as a religious woman. Women who belong to a religious institution could be referred to as role bound professional healers who sometimes deny and repress their own wounds so that they can attend to the needs of those around them. Factors that contribute to this pattern of behaviour have been discussed in relation to their family of origin history and the impact of the religious congregations on these women. The values in the family of origin contribute to the development of one's personality and self-identity. These personality characteristics are encouraged, inhibited, or re-evaluated when one enters a religious community. The family and religious community environments play a major role in the psychological, emotional, and spiritual growth of these women. Both contribute to the wounding and to the healing of these women.

There are very few studies on the healing process of wounded healers. Those that were done were written from a scholarly perspective and were quantitative studies. None were found that specifically expressed the lived experience of these women which is the focus of this qualitative study. No studies were found that suggested a process of healing for wounded healers. We are however, surrounded by many wounded healers, be they women religious in the helping professions, mothers, fathers, doctors, nurses, teachers, or chaplains.

A hint of the place we must search for the understanding is pointed to in the most eloquent description of the Wounded Healer given to us by Henri Nouwen's (1979) summary of the essence of the Wounded Healer which applies to all who try to help:

> For the minister (helper) is called to recognize the sufferings of his time in his own heart and make that recognition the starting point of his service. Whether he tries to enter into a dislocated world, relate to a convulsive generation, or speak to a dying man, his service will not be perceived as authentic unless it comes from a heart wounded by the suffering about which he speaks (p. xvi).

In this regard, then, the Wounded Healer comes to see that those he or she tries to help are also there to teach. As Nouwen comments: "... it is exactly in common searches and shared risks that new ideas are born, that new visions reveal themselves and that new roads become visible" (1979, 100).

3. APPROACH TO THE INQUIRY

In this study, my intention is to generate data that would explicate the process by which wounded healers are healed. A qualitative research approach depending heavily on techniques associated with grounded theory was used. Grounded theory (Glaser & Strauss, 1967) "allows the researcher to gather data, build a model and develop a theory ... which explains important aspects of the phenomenon which is being investigated" (Quartaro, 1986, p. 10). The intent of this study is to explore healing as a process. This approach is a qualitative method in that it involves the use of a "systematic" set of procedures to develop an inductively derived grounded theory about a phenomenon" (Strauss & Corbin, 1990, p.24).

Grounded theory methods of research are concerned with everyday life and face-to-face relationships of all kinds, wherever these interactions take place (Stanley & Wise, 1983). The critical assumption of grounded theory is that the personal meaning of an experience itself is what creates meaning (Chenitz & Swanson, 1986B, p. 46). Human behaviour is assumed to be the result of an interaction between an object (the other) and the self, whereby the self defines and attaches meaning or value to the object. The term grounded theory, as used by Glaser and Strauss, means "the discovery of theory from data" (1967). Grounded theory allows for a comprehensive understanding of what "constitutes reality for an individual in a particular life setting" (Field & Morse, 1985, p. 109), and seeks to "see the world as the interactants see it" (Chenitz & Swanson, 1986C, p. 39). It is these features that serve the grounded theorist's movement from the description of behaviour to the interpretation of patterns at a conceptual level, thus allowing the theory to be generated from the data collected throughout the study.

This method of research enables researchers to develop their own theories related to the distinct area being studied. The research report for a grounded theory investigation presents the substantive theory established by supporting data from the investigation. The concept or theory that develops from this data will therefore be context specific and pertain only to that particular point of view. The data are systematically collected from real-world situations rather than from analogue studies or from field experiments. The goal of grounded theory research is achieved by choosing participants who will provide the highest quality data pertaining to the researcher's topic of interest. This usually means selecting participants who know a lot about the topic, are insightful, and communicate well. The process is fluid and dynamic and participants' perceptions are a key process consideration (Patton, 1990).

The grounded theory approach allows for a rigorous and systematic analysis of phenomena not amenable to traditional research strategies. A phenomenon of interest is selected and the relevant data emerge through the research process. Glaser and Strauss (1967) make it clear that grounded theory frees the researcher to draw on the richness of literary work -- poetry, novels, short stories, where applicable. Sandelowski (1986, p. 29), states that this method could be viewed as blending scientific rules and artistic imagination. Grounded theory research in the artistic mode emphasizes the meaningfulness of the research product rather than control of the process (Sandelowski, 1986).

Process Theory and Basic Psychological Process (BPP)

Grounded theorists share a specific social psychological problem that is not necessarily articulated (Hutchinson, 1986). This problem is resolved by means of basic psychological processes. By "process", Glaser (1978) refers to a change that takes place over time and that involves the passage between at least two stages. Process is a way of linking the sequences of action/interaction as these relate to the management of, control over, or response to, a phenomenon (Strauss & Corbin, 1990, p. 150). Grounded theory method therefore provides the channels to discover and account for the social and psychological processes engaged in by persons in their efforts to resolve problem areas in their lives. When watching for processes, the investigator asks: "What is actually happening in the data? What is the basic problem(s) faced by the participants?

What is the main story here and why?" (Glaser, 1989, p. 31). Charmaz (1983) also encourages the researcher to ask: "What kind of events are at issue here? How are they constructed? What do these events mean?" (p. 113).

Attempts have been made to delineate the social and psychological processes engaged in by individuals endeavouring to resolve problematic areas in their lives. Glaser and Strauss (1967) distinguish between two types: (a) a Basic Social Structural Process (BSSP), and (b) a Basic Social Psychological Process (BSPP). A BSSP highlights a "social structure in process - usually growth or deterioration - such as "bureaucratization or debureaucratization, routinization, centralization or decentralization, organizational growth, admitting or recruiting procedures, succession, and so forth" (Glaser, 1978, p. 102). According to Glaser (1978), a BSPP is a "social psychological process such as becoming, highlighting, personalizing, health optimizing, awe inspiring, and so forth" (p. 102). The BSPP is more relevant than the BSSP and is more prevalent to the study of behaviour. Not uncommonly, the phrase "basic psychological process" (BPP) is used to refer to BSPP and will be used in this study.

For process theory, "the referent is the process itself, not the particular unit or units in which it is isolated" (Bigus, Hadden, & Glaser, 1982, p. 253). The processes that involve an interaction between psychological factors within the person and their social environment are the source of the investigation. The BPP or core variable serves the purpose of explaining the variations which occur in the actions, perceptions, interactions, and interactional patterns found in the data collection. The core category does not necessarily have to be process let alone a basic psychosocial one (Strauss and Corbin, 1990, p. 123). Theory is generated from the analysis of the collected data.

The core category usually pulls together the rest of the categories and presents the primary means by which individuals endeavour to resolve the particular problem confronting them. The BPP can usually be applied to other settings to test its generalizability. In this study, the BSP serves to integrate the multiple parts of the problem under study into a logical and understandable whole.

The Research Process

The process of developing a theory involves five stages outlined by Quartaro (1986). It is important to note that these stages are not a series of linear steps. Instead, the researcher operates within a matrix in which several research processes are simultaneously operating (Stern, 1980). The researcher examines data as they arrive, begins to code, categorize, conceptualize, and to write the first few ideas concerning the research report almost from the beginning of the research study. From this standpoint, the research can be viewed as simultaneous and/or recursive. The five aspects of the research process are as follows:

1. collection of data
2. comparison of data
3. integration of categories
4. delimitations of the emerging theory
5. presentation of the theory

According to Quartaro (1986) the first four of these stages make up the constant comparative method, which constitutes the core of the grounded theory method.

The Constant Comparative Method

The Collection of Data

In the collection of data, using the constant comparative method, sampling is open "to those persons, places, situations, that provide the greatest opportunity to gather the most relevant data about the phenomenon under investigation" (Strauss & Corbin, 1990). The comparison of data is the foundation of data analysis in the generation of grounded theory. Using this technique, the researcher makes comparisons and asks questions about the data. These two procedures assist in giving precision and specificity to the ideas that are generated in grounded theory (Strauss and Corbin, 1990). According to Rennie, et al., 1988, the data collection process is influenced by the outcome of the emerging analysis and proceeds through successive stages which are determined by changes in the criteria for selecting interviewees according to what has been learned from previous data sources (p. 142).

The selection of participants is considered in terms of learning what is most central to the phenomenon being investigated. In open sampling, the selection of participants is unsystematic since it is still uncertain which concepts are theoretically relevant. As the analysis unfolds and a tentative theory emerges, persons are selected on the basis of the tentative theory. In other words, the investigator tries to clarify variability and diversity within the area of study. The selection of the sources is guided by how clearly they represent the phenomenon and also how they are different from the initial sources in ways which appear to be fitting the tentative emerging theory. When the focal aspects are identified, the investigator searches for data sources which are more dissimilar or which represent possible variation or an extreme case (Strauss and Corbin, 1990).

The Comparison of Data

The comparative method is the foundation of data analysis in the generation of grounded theory. There are two analytic procedures that are basic to the coding process. The first involves making comparisons, the other involves asking questions.

The grounded theory method of coding, categorizing, memo writing, and relationship building have been explained in detail by Charmez, 1983; Chenitz & Swanson, 1986B; Field & Morse, 1985; Turner, 1981; and Strauss and Corbin, 1990. These processes naturally lead back to the collection of further data. As the relationships among the categories become apparent, a set of tentative propositions are developed, and are stated in such a way that they indicate the potential relationships in the data (Field & Morse, 1985).

Hutchinson (1986) summarizes the procedure for developing a theory using the constant comparative method as follows:

> While coding and analyzing the data, the researcher looks for patterns. He or she compares incident with incident, incident with category, and finally, category with category or construct with construct. By this method, the analyst distinguishes similarities and differences of incidents. By comparing similar incidents, the basic properties of a category or construct are defined. Certain differences between incidents establish boundaries; relationships among categories are gradually clarified. Comparative analysis forces the researcher to expand or "tease out" the emerging category or construct by searching for its structure,...cause, context, dimensions, consequences and its relationship to other categories (p. 122).

Coding

As data are received, the researcher applies a system of open coding. This is the first basic analytic step which involves the breaking down of the data into "meaning units", comparing similarities and differences, and questioning phenomena as reflected in the data. This involves conceptualizing the data, which means examining an observation, sentence, or paragraph and giving each discrete meaning unit, incident, or idea, a name that reflects a representation of a phenomenon (Stauss and Corbin, 1990). The analysis consists of descriptive summaries, which Glaser and Strauss (1978) refer to as "codes". These descriptive summaries are the substantive codes. Hutchinson (1986) refers to these codes as Level 1 or open coding which means that each sentence and each incident is coded into as many code units as possible to maximize theoretical coverage. In the initial stage of analysis, the code may be idiosyncratic, closely reflecting the language used by the participants or it may be the exact words used by the participants.

Open codes are clustered into categories on the basis of similar meaning. Categorizing serves to move the codes to a higher level of abstraction. As pertinent categories emerge from the data collection, it is important to reflect on the data until a potential core category becomes evident. Analysis moves one toward a core category which according to Quartaro (1986) is:

> The one most densely related to categories and properties. It is often an abstract category, but is not vague. It is clearly defined due to its properties (the categories it subsumes), is sensitive to new information because it is associated with many categories, and is the last to saturate (Rennie, et al., 1988, p. 144).

When saturation occurs, the researcher ultimately achieves a sense of closure, since no new information is surfacing from the data to indicate new codes or the expansion of old ones. Hutchinson, (1986) claims that "when all data fit into the established categories, interactional patterns are visible, behavioral variation is described, and behaviour can be predicted" (p. 125). Several grounded theorists note that saturation often occurs after the analysis of five to ten protocols (Glaser & Strauss, 1967; Quartaro, 1986; Rennie et al., 1988). The practical limits of time, energy, and money contribute to the saturation process and the researcher's ongoing processing and re-evaluation of the data (Glaser, 1967).

The central categories are the ones which, according to Quartaro (1986) "are highly interrelated with other categories and must occur across most of the data sources, as these will be the basis for the theory that is developed" (p. 7). The resulting theory is explained by a core category. The core category is according to Glaser, (1978, p. 94) the "main theme" for what is the main issue or problem for the persons in the group under study. The description of the constant comparative method accurately describes the approach used in this inquiry.

Criteria For Grounded Theory

Glaser and Strauss discuss four central criteria that a well-constructed grounded theory must meet before it can be considered appropriate to a phenomenon: fit, understanding, generality, and control (Glaser & Strauss, 1967, Glaser, 1978,; Strauss & Corbin, 1990). According to Glaser and Strauss (1965), this involves the following requirements:

> the theory must be enabled to understand and analyze ongoing situational realities, to produce and predict change in them, and to predict and control consequences both for the object of change and for other parts of the total situation that will be affected (1965, p. 268).

Rennie, Phillips & Quartaro (1988) present these criteria as follows:

> It should be believable in that it should seem to the reader to be a plausible explanation. It should be adequate in that it should present a comprehensive account that does not omit large or important portions of the data. It should be grounded in terms of the appropriate procedures and thereby inductively tied to the data. Finally, it should be applicable and should lead to hypotheses and additional investigation (p. 145).

Discussion of "appropriate procedures" and their relationship to reliability and validity are discussed later in this chapter.

Procedures

Bracketing

Grounded theory not only acknowledges the interaction between researcher and participant, but stresses the importance of the relationship as critical to the gathering of rich data. Bracketing is the process by which:

> The researcher's biases are limited, specified, and made part of the research process... to identify my own assumptions and values as clearly as possible, to state them explicitly, to move beyond them into reports of experience developed with the research

> participants, and to be vigilant about the effects of researcher bias on the data and emerging theory... Explicit identification of biases encourages the investigator to focus on those possibilities which seem more probable than others and to bring such hunches into awareness instead of suppressing them (Quartaro, 1986, p. 16-17).

Prior to collecting data, I wrote out my personal assumptions and biases in a journal memo to maintain a proper perspective between myself and the participants. A colleague was asked to interview me about my own experience of, and reflections on what I felt about being a wounded healer. This step was critical for two reasons:

1. To clarify my beliefs and biases about my own experience and about the phenomenon.
2. To enable me to gain experience about how it feels to be a participant in this study.

I transcribed this conversation and subsequently worked with a colleague, who had no background in the content area, to analyze the protocol. This process enabled me to bracket my own assumptions and set them aside while I continued with the research process.

Selecting Participants

The women were chosen because they were persons:

1. who identified themselves as wounded healers;
2. who were willing to commit time and energy to the research process and were willing to share their experiences of healing with the researcher;
3. and who came from professional backgrounds in the helping professions, such as nursing, teaching, prison and hospital chaplains, as well as from leadership positions in their communities.

Five of the six participants for this study were women religious who have been in therapy at Southdown in Aurora, Ontario. Southdown is a residential therapy centre for religious women and men. One participant had been in the Day Therapy Program at the Redemptorist Centre for Growth in Edmonton. Like Southdown's program, the Day Therapy Program attempts to integrate the emotional and spiritual components of the wounded healer within a holistic therapeutic milieu that accentuates wellness and the development of living skills. Those who come to this program are encouraged to recognize and appreciate their basic self-worth and to develop their gifts for ministry and for their relationships with others.

The typical client who comes to these Centres is suffering from what is loosely referred to as " burn out", or "mid-life crisis". The clients may be chronically depressed, questioning their vocation, in conflict with people they work and live with in Community, as well as facing a wide range of sexual and family of origin issues. They are from a variety of backgrounds and ages. The assumption is that the participant is functional, responsible, and willing to take charge of her own "wellness". The women are directed to these programs by their communities or they are self-referred.

Following ethical approval for my study, I made the initial contact with participants by letter (Appendix A).

The first woman I interviewed participated in a residential treatment program ten years ago. The second participant attended the same treatment milieu four years ago and a third participant received therapy from a day therapy program that lasted three months. The last three participants to be interviewed were in their process of healing at a residential centre in Ontario. Those who agreed to participate in this research were provided with a written statement explaining the research project and outlining the conditions of participation and a statement of their rights. This statement also included the phone number of the researcher and the times that they could contact her should anything distressing happen to them as a result of participation in the study. An introductory interview followed in private at the researcher's place of work, at Southdown and at the home of one of the participants.

Data Collection

The primary method of data collection for this study was in-depth interviews and journal writing. Three of the participants offered to share their theological reflection papers as data for this study. Participants who went to Southdown in Ontario wrote a theological reflection paper as part of their last month of therapy. This paper had four sections: 1) Personal story of suffering, 2) Analysis of one's story, 3) Theological foundations, and 4) Action.

The overall purpose of the reflection paper was to give the persons involved an opportunity to reflect on their experiences of becoming wounded and being healed. The data collected from their journal writing and from their theological reflection papers served as supplementary data for this project.

Interview Process

> The interview, to be sure, is a conversation of a different sort from the conversation we are used to in everyday life: it is both private and public, informal and formal, lived in the present but preserved for the future (Brown & Gilligan, 1992, p. 25).

The process of the in-depth interview used in this study can be described generally as open but focused. The interviewer asked the participant to review the factors of her life which led her to enter into therapy, to reflect on her present experience of being in the process of healing, and to talk about the meaning of her experience of healing. To quote Holmgren (1987):

> The conversation was designed to open the women's experience ... as she lives it, and to bring ... past and current experience into the present so that we could get to know it in a new way as it was being told (p. 59).

Each woman was told that the interviews would be 60-90 minutes in length and that these would be tape recorded. The possibility for a second or third interview was discussed prior to the signing of the consent form. My task as interviewer was to listen and respectfully question as the person shared her past and present experiences as these related to her healing process. Each person interviewed was viewed not only as a participant in the study, but as a person who had values, feelings, and needs. Each of the six women in the interviews was free to share what was important to her.

All interviews were tape recorded to assist in the process of analysis. Transcripts were sent to the informants prior to the second or third interview giving them the opportunity to read and clarify what they shared in the interview. I explained to the participants that if at any time they preferred that something they shared not be included in the transcript, this would be respected.

The interviews were accomplished without incident and on time. All of the participants were open and relaxed during the interviews. The researcher attempted to facilitate rapport and attend to the process of the relationship between the interviewer and the interviewee during the interviews.

Data Analysis

The interpretation process proved to be long and arduous. Each interview was transcribed by a typist. The transcripts was then down-loaded onto the researcher's computer. Each text was read and coded. The codes were re-examined in the context of other codes and subsequently categorized. Each transcript was re-read to identify stories and the meanings of these stories. The meanings were then considered in relation to the previous codes. This kind of analysis tended to expand the meanings of some of the codes and added new codes to those already developed from the constant comparative analysis. The codes were then summarized in the form of the descriptive account. This interpretative process took approximately 25 hours for each interview. The words "constant comparative" analysis took on new meaning.

I gave some of the transcripts to my thesis advisor and to two of my colleagues to read and analyze. This helped to validate my codes and findings. After describing the findings from the first few interviews to my colleagues, I realized that themes were starting to appear in the data. I described this in my journal as follows:

> I'm beginning to see some general patterns emerging around the healing process of women wounded healers. There seems to be a connection with past experiences from unresolved family of origin issues. For example, relationship issues with parents, self-esteem issues and authority issues (research journal, Oct. 28/92).

This was the beginning of identifying some of the key themes from the collected data. It was encouraging to recognize the similarities in some of the participant's experiences. In this study, saturation appeared to occur at six. As the final interview was completed in early December, 1992, I began to take a step back from the data as I prepared to write. This meant moving from the specifics of each participants' story to an overview of the similarities and differences within all of the stories. As the writing progressed, the interpretations continued to be refined more succinctly and understanding the themes became somewhat easier. Throughout the writing of this research, I have attempted to understand, interpret and communicate the stories of these women to the reader. The richness of detail and depth of understanding will hopefully help the reader to "transfer" (Lincolin and Guba, 1985, p. 217) some of these findings to their own situations of themselves or of other wounded healers.

The Journal

A journal was another approach used to collect and analyze data. Journal writing helped to draw the writer's life towards wholeness at its own tempo; journals were active in helping the self to grow. Journal writing can be a process of discovery and exploration (Nystrand & Wiederspiel, 1977). Journalling is compatible with qualitative research methods and it has enhanced my data collection. Carswell (1988), Craig (1983), Clandinin, 1985, and Chew (1991) all agree that, with the rising popularity of qualitative research, journals are a helpful research tool. The journal serves as an instrument for personal growth and is a "tool for recording the process of our lives" (Balwin, 1977a, p. 2). Ira Progoff (1975) believes that journal writing can bring about therapeutic change:

> By providing active techniques that enable an individual to draw upon his inherent resources for

> becoming a whole person. It systematically evokes and strengthens the inner capacities of persons by working from a nonmedical vantage point and proceeding without analytic or diagnostic categories (p. 9).

In Psychosynthesis, Robert Assagioli (1965) encourages the use of journal writing as a way to develop one's personality through psychosynthesis. The process of psychosynthesis, as the name implies, is one in which the personality and disharmonious elements of the personality undergo a process of harmonization, integration, and synthesis. Assagioli explains the benefits of journal writing as an integral part of the psychosynthetic process. Journal writing:

1. facilitates assessment;
2. provides a means of self-expression;
3. acts as a technique of active training in concentration, attention, and will;
4. provides release to emotions in a therapeutic way;
5. provides a sense of satisfaction on a symbolic level as writing can be a symbolic act of retaliation (Assagioli, 1965, pp. 70-71).

To understand the psychological processes involved in the experience of healing from the wounded healer's perspective, it was important to have the individuals describe their experience and to discover patterns in their perceptions and behaviour that enable the generation of theory. Therefore, three participants, who were entering into therapy were encouraged to do journal writing during their time of therapy. They were asked to read whatever they choose from their journal entries to the researcher. Specific instructions, such as the option to share all or parts of their journal entries, were given to the participants leaving them free to choose what they wanted to share. Some preferred to edit their journal entries while others read them as they had been written. The sessions were tape recorded so further data could be collected and analyzed. The data from the journal entries was analyzed in a similar way to the interview data collected from each individual. Once assured of confidentiality, the informants were more open and relaxed, and more willing to disclose personal information both in the interview as well as from their journal writings. Journalling enables individuals to capture their experiences in writing and make their untapped knowledge visible to themselves and to others (Progoff, 1975).

Writing Memos

Writing memos is a strategy used in qualitative research to enhance trustworthiness. Memoing is a way of recording ideas, speculations, and insights about the emerging theory (Hutchinson, 1986; Quartaro, 1986; Rennie, et al., 1988). Throughout this process, memos were written about other memos. Many thoughts occurring about the research project were recorded and set aside. Memos were sorted, compared and more memos were written as the theory began to take shape and solidify. Later these memos were incorporated into the writing of the final report. During the memoing phase, the thinking process was both inductive and deductive. The researcher conceptualized (inductive) when coding and memoing and then assessed (deductive) how the concepts would fit together (Hutchinson, 1986).

Memo writing is helpful to the development of the theory, to the presentation of the auditing process and to the organization for the write-up of the final report. When I read over the transcripts, the records, and my own observations, I recorded these reflections in a file entitled "Reflections on the Common Threads". These writings were my attempt to monitor my own learning and my own change as a result of my experiences. I recorded my own on-going efforts to understand the healing process of other wounded healers. I also kept a journal of my own personal reflections describing the meaningfulness of what I was observing, making tentative interpretations, and on-going speculations and wonderings about the meaning of the data I was collecting.

Ethical Considerations

Prior to the first interview, each participant was asked to sign the informed consent form (Appendix B). During this interview the purpose of the research and the procedures to be followed were explained in full detail to each participant. Strict confidentiality was assured. The prospective participants were given an opportunity to ask questions regarding the research, and were also informed that they were free to withdraw from the study at any time without penalty and they would be under no constraint, at any time, to answer any given question.

Confidentiality of the informant was the first and major consideration. All tape recordings and transcriptions of the interviews were stored in a locked cabinet, along with other relevant data, such as memos, demographic information and theological reflection papers. The participants were informed that upon completion of the study and once the thesis was written, the tapes would be erased. They were also told that the transcripts would be retained for up to seven years either for further study or for verification of the theory developed in this research. Should a secondary analysis take place, the women will be informed and asked to sign a second consent form.

Generalizability

The first question a grounded theorist asks is: "If I were to repeat this study, would I find or generate the same results, that is, theory?" (Hutchinson, 1986, p. 13). The answer to the question of exact duplication is "no". Grounded theory process is dependent on the researcher's skill, resources, time, creativity, and ability to analyze the data. This would make it difficult for two researchers to arrive at the same theory.

Field & Morse (1985) state that generalizability is not the purpose of grounded theory. "The purpose is rather to elicit meaning in a given situation and to develop reality-based theory" (p. 122). The object of the grounded theory approach is to create new theory that is directly tied to the reality of the participants. The object is not to verify the theory so generated beyond the verification supplied by saturation of categories (Rennie, Phillips, and Quartaro, 1988). The researcher does not attempt to form generalizations that will hold true in all places and in all times (Geertz, 1973). It is not the researcher's intent to verify the theory generated beyond the verification yielded by the saturation of categories. As stated by Rennie, Phillips, and Quartaro (1988), additional verification of the theory is left to subsequent studies or other researchers.

Theoretical Generalizability

A second question that grounded theorists ask is: "If I apply this theory to a similar situation will it work, that is, allow me to interpret, understand, and predict phenomenon?" (Hutchinson 1986, p. 13). The answer from the point of view of researchers is a positive "yes". While a substantive theory can be regarded as valid only for the sample population studied, a quality theory can explain the major behavioral and interactional variations of the substantive area. As well, quality theory will identify a basic social process that is also relevant to people in general. Bigus, Hadden, and Glaser (1982), state that the main concern of BSP sociology is first with the generic and then with the substantive. The investigator generalizes a substantive BSP to a generic BSP. A BSP theory is not a factual description (May, 1986). Because it is a theory, it is theoretically generalizable to those conditions (as context or intervening ones) that gave rise to specific sets of action/interaction pertaining to a phenomenon and the resulting consequences (Strauss and Corbin, 1990, p. 106). Conducting research, using the grounded theory approach, using a small number of participants is not problematic since the purpose is to produce an accurate understanding of a certain aspect of the phenomenon being studied and to develop a reality-based theory. The researcher's aim is to find a working hypotheses that relates to a particular context, rather than generalizations that will hold true in all times and in places (Geertz, 1973). The overall goal is not to verify the generated theory beyond the verification produced by the saturation of categories. Additional verification is left to subsequent studies (Rennie, Phillips, & Quartaro, 1988).

Reliability and Validity

To provide for reliability and validity of this study, Lincoln and Guba's (1985) model was used. This model contains the contribution of others working in this area, and provided consistency in the usage of terms and their respective definitions. Lincoln & Guba (1985) present the issue of trustworthiness in their address of the naturalistic paradigm with this question: "How can an inquirer persuade his or her audiences (including self) that the findings of an inquiry are worth paying attention to, worth taking account of?" (p. 290). The naturalistic inquirer must arrange for credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Guba (1981) proposed these terms to reflect a better fit in the naturalistic paradigm. Credibility is used in place of internal validity, transferability in place of external validity, dependability in place of reliability, and confirmability in place of objectivity.

Credibility

To secure credibility, the data must indicate stability. The truth value or credibility of grounded theory research resides in the discovery of experiences as they are lived and perceived by the participants of the study, not as they are defined by the researcher (Sandelowski, 1986, p. 30). Therefore, it is important that the investigator have someone else (perhaps a colleague) read the first few transcripts to help ensure that the investigator is using a noninfluencing interview style. At the same time, it is helpful to ask another person to code or check the codes on the first few interviews. Once the theory was developed, I asked some of my colleagues and other wounded healers if the theory "fit" their experience or if it had enhanced their understanding of the process of healing the wounded healer. A qualitative study is credible when other people (other researchers or readers) can recognize the experience when confronted with it after having only read about it in a study (Sandelowski, 1986, p. 30).

Credibility for this study was strengthened through triangulation, a technique that makes use of multiple methods to study the same phenomenon (Field & Morse, 1985). It is in the data analysis that the strategy of triangulation is most useful in validating the investigator's findings (Patton, 1990). To achieve credibility through external review, two professors and two colleagues were asked to review my codes to validate my discoveries from the data. Lastly, I gave the findings from the theory to a person who went through the process of healing several years ago. Lori's response is found in Appendix C. This was a good way for me to cross-check the consistency of my findings. The participants who shared their journal entries and/or their theological reflection papers added to the cross-checking of data. Comparing what was said in the interviews with what was said in their writings enhanced the data. These multiple comparisons are "a way of checking for the consistency of what people say about the same thing over time" (Patton, 1990, p. 467).

Transferability

Some theorists agree that only working hypotheses may be abstracted and these ought to include a description of the time and context in which they were discovered. To transfer hypotheses to another context, the researcher will need to accumulate empirical evidence about contextual similarity. The external validity cannot be specified by the naturalist (Lincoln & Guba, 1985). It should be clear that if there is to be transferability, the responsibility for proof remains with the person seeking to make application elsewhere, not with the primary investigator. Instead, a thick description, or the provision of a data base that includes the widest range of information for inclusion makes transferability judgements possible on the part of potential users.

Dependability - Trustworthiness

According to Lincoln and Guba (1985), trustworthiness is the global qualitative term for objectivity which, in quantitative methods accounts for validity and reliability. The audit trail described in Lincoln and Guba (1985) is one of the basic strategies required to ensure trustworthiness. Lincoln and Guba (1985) stated that auditability should be the criterion of rigor, and that a report is auditable when another person can follow the decision trail from start to finish. The auditor should be able to follow the progression of events and understand the logic by being able to follow a clear description of what was actually done and why. According to Lincoln and Guba as cited in Miles and Huberman (1984, p. 244), the "audit trail" helps to verify the accuracy and legitimacy of the procedures used to establish the researcher's findings. Qualitative studies cannot be replicated exactly, even with a careful description of participants and setting. The researcher's purpose is to study a phenomenon observed in a particular situation at a particular time. Selection of a specific group may influence the generalization of an observed phenomenon. In this study, part of the audit trail took the form of a journal entitled "Reflections on the Common Threads". I also kept notes on the actual interview notes. Meeting with two other doctoral students who are also doing grounded theory research provided a platform for an on-going audit. In weekly discussions we dealt with issues such as difficulties encountered in the research process, conceptualizing categories, validating themes, and establishing hypotheses about the data being collected.

Confirmability

The issue of participant selection is an area of qualitative research that is frequently questioned by those undertaking empirical research. In a qualitative study, the data gathering instrument is often the observer or the interviewer. The questions of interviewer bias and interviewer competency need to be addressed. Unlike other research methods which attempt to remove and deny the impact of the investigator by casting the research in terms of objective data collection and analysis, the grounded theory method "explicitly acknowledges interaction between the researcher and the participant under study (Quartaro 1986, p. 16). Identifying the biases encourages the researcher to focus on these possibilities and to bring such "hunches" into awareness rather than suppressing them (Quartaro 1986, p. 17). Once these biases are identified, the researcher makes a conscious effort to set aside hypotheses and biases. This helps the researcher to approach the data with an open mind. The researcher must understand the behaviour from the participant's perspective, and becomes both a participant in the participant's world and an observer of the interaction (Denzin, 1978, cited in Chenitz and Swanson, 1986C, p. 47).

In this way, the researcher can investigate and study the phenomenon as it occurs in the daily lives of those who are experiencing it. The researcher starts from a position of wanting to learn something that is not well understood (Quartaro, 1986, p. 7). The process of grounded theory research is nonlinear. The investigator operates within a matrix in which several research processes are simultaneously operating (Stern, 1980). It is for this reason that:

> Investigators systematically categorize data and limit theorizing until patterns in the data emerge from the categorizing operation. This method requires data collection, open categorizing, memoing towards parsimony through determination of a core category, recycling of earlier steps in terms of the core category, sorting of memos, and the write-up of the theory (Glaser, 1986, cited in Rennie, Phillips & Quartaro, 1988, p. 141).

Delimitations

The first delimitation of this study was the criteria for the selection of participants, only women religious wounded healers who had experienced healing from their woundedness were included. The second delimitation was that all participants had to have had extensive therapy for healing. The third delimitation is that no attempt was made to interview other women wounded healers, such as women working in the home who are wounded healers (in the helping profession of maintaining a home and family). Lastly, it is important to remember that people change and their memory is not always accurate. To arrive at a similar conclusion of "finding voice" may not be the same if the research were repeated at a later date. Depending when people are accessed, the data could suggest different results. Once people are healed, they often have a different perspective than those who are in the process of being healed.

Further exploration into how the participants families of origin, religious congregations, or work settings contributed to the process of becoming wounded might provide additional insight into the process of healing.

In summary, this chapter provided a descriptive outline of the grounded theory method, the assumptions that are important to this approach, and the issues of reliability and validity. A discussion of the procedures taken by the investigator to implement a grounded theory study on the process of healing the wounded healer are explained in this chapter.

4. VOICES THAT HEAL

> Most healers are wounded healers. They don't like being wounded yet it is because they are wounded that they can be healers (Paraphrased from Nouwen, 1979 p. xvi and pp. 82-83).

My experience as a psychologist demonstrates that real growth and change rarely if ever occur with ease. Instead a true, productive, and healing growth takes place when one decides with honesty and firmness that her life requires change. Change presumes a movement that is ongoing and dynamic. It is the manifestation of our ability to grow and become. Change allows us to share ourselves on a new level. Understanding my own experience of healing has helped in giving expression to the stories of the six women who participated in my study.

During my first few interviews with these women wounded healers, it quickly became apparent that the experience of healing was embedded in the context of their life stories. Initial efforts to present a profile of the participants apart from their stories was abandoned in favour of sharing a synopsized interpretative version of their stories. Each story as shared here was verified and accepted by the participant.

In telling their stories of healing, each of the women used images of "woundedness" which demonstrate a response which Palmer (1969) would describe as "wisdom":

> The truly experienced person, one who has wisdom and not just knowledge, has learned the limitations, the finitude of all expectations.

> Experience teaches her not so much a storehouse of facts that will enable her to solve the same problem better next time but how to expect the unexpected, to be open to new experience. It teaches her in short, the poverty of knowledge in comparison with experience (p. 232).

The process of healing is not the same for everybody. Palmer argues "a storehouse of facts" will not necessarily prevent a need for further healing by ensuring the guarantee of a future void of pain needing to be healed. Images, as components of personal practical knowledge, are the coalescence of a person's personal, private, and professional experience. Image is a way of organizing and reorganizing past experience. In reflecting on the past experience, the image finds expression in practice and as a perspective from which new experience is taken. Image is a personal, meta level, organizing concept in personal practical knowledge in that it embodies a person's experience; finds expression in practice; and is the perspective from which new experience is taken (Clandinin, 1986, p.166). The images and symbols that are shared by the women show the movement of healing in their lives. In the telling of their stories, the women also shared the role and presence of God in their healing process.

As I listened to the stories of the women wounded healers, I also heard their inner desire to heal and to achieve a new level in their growth as healers. Each was unique in her process of healing. Nonetheless, there were some common elements in their experiences of healing. I will relate their individual stories then I will attempt to connect the common threads that can be heard as one reads these stories of healing.

I will begin with my own story of healing, enabling me to read my past experiences like a text and to understand my personal struggle as a wounded healer embodied in my experience. The process of healing with one's own story is described as "research as increased self-knowledge" (Hunt, 1987) where past experiences have been moved forward to deal with the present. My story is reconstructed in the light of a new context and focused on new meanings and future significance. Following my story of healing, the reader is introduced to each of the courageous women who are at the nucleus of this study.

The stories of the women participants are written accounts of my interpretation of the interaction as it emerged from the interviews with each of these women. Schafer (1981) writes:

> In making interpretations, the analyst retells ... stories. In the retelling, certain features are accentuated while others are placed in parentheses; certain features are related to others in new ways or for the first time; some features are developed further, perhaps at great length ... The end product of this interweaving of texts is a radically new, jointly authored work or way of working (p. 31).

Each woman will be introduced to provide a personal context from which the themes of the healing process are developed. They are introduced in the order that they were interviewed by the researcher (Table 4.1: The Participants). Some have requested that a pseudonym be used to maintain confidentiality while others felt they wanted their given names. One person's name was changed because it was too similar to one other name. The person whose name was changed agreed to this switch.

One last word - it is important to read the stories recognizing they are told from the experiences of the women who lived them. Others may recognize some of what is shared here, and remember the events differently. The storyteller brings to the events a different "past" than the reader. As Michael Novak (1978) expresses "to grasp consciously the story one is trying to live out at this stage of one's life, is to cast an illuminating light over one's whole past. How did one come to this story?" (p. 64).

TABLE 4.1 THE PARTICIPANTS

NAMES	EDUCATION	EMPLOYMENT	AGE	YEARS IN RELIGIOUS LIFE	LENGTH OF THERAPY
Nicole	Gr. 13 Teacher Training R.N.	R.N. - Nursing Ex-Ray Technician Administration	61	40	8.5 months
Ann	B.A. B.R.E.	Teacher Prison Chaplain	52	32	6 months
Mary	B.Ed. B.A.	Teacher Administration	56	37	6 months
Charlene	Gr. 11 A.R.C.T. (six credits)	Music Teacher	50	32	6 months
Sarah	B.Ed. MA - Religious Studies	Teacher Consultant	43	25	8 months
Teresa	B.Ed. Religious Ed. Diploma C.P.E.	Teacher Pastoral Care (Hospital)	62	45	3 months

A Cacophony of Voices

The Voice of the Unacknowledged One

When I recall my early childhood days, I remember being special to both of my parents, despite the fact that there were seven children in our family. As I moved through adolescence and adulthood, I became much closer to my mother. She was always there to affirm and encourage me in whatever I was undertaking at school, home, and in my extra curricular activities.

Entering religious life, a choice I made, literally threw me back to feeling like a child. I thought I was more mature than I was being treated. I recall some referring to me as the "little novice". At the same time, I looked to those in authority for a mother replacement where I could be affirmed, acknowledged and challenged. When this did not happen, I decided that it might be helpful to be competitive and very competent in my work. After eight years in my community I soon began to look for my identity in my role as a teacher rather than in myself, as a unique individual, as "me".

I worked diligently to be the best teacher in the system, challenging my gifts and creativeness in a variety of grades, subjects and programs. I wrote curriculum programs in Mathematics and Language Arts. I also wrote a program for Gifted children and implemented it in the school system. I got involved in all kinds of professional organizations and took leadership roles in these associations. However, all of this was not filling my unmet needs. My frustration level escalated and I felt alone, trapped, and exhausted. I was not being listened to. After twelve years of teaching, the walls closed in on me and I began to feel misunderstood in both my religious community and in the school system. I was angry that I was not being acknowledged by others for what I was doing. I felt I was still being treated like a young novice even though interiorly I saw myself as gifted and mature. I was looking for an affirmation of myself as an adult. Fortunately, I had a friend who kept affirming me and calling me to mature decisions about my vocation and my ministry. I began to ask myself "Was my anger with those in authority a sign of immature helplessness or a sign that I did not belong in religious life?" Eventually, I realized it was not a vocation issue, but one of assertiveness and I began to voice my needs with those in authority.

All of this led me to seek some professional help in therapy. During this time of therapy, I continued to dialogue with my friend about my woundedness. The need to earn my way was important to me. Therefore, I felt compelled to return and finish the school year after two months in therapy. As would be expected, my feelings of fatigue, frustration, anger and tension returned. This pushed me to request a leave of absence for one year from my teaching job.

With the pressure of not having to teach lifted, I felt freer to find a new direction for myself. However, panic set in as I tried to organize my sabbatical year. I sensed a lot of external expectations from those in authority in my religious community. My first experience was to go to Nassau to work with the marginalized poor. The person in charge of the house I went to, took her role as the authority person very seriously and treated me as a young novice even though I had twenty years in my community. She wanted to organize every minute of my daily schedule. Once again, I was unaffirmed and unacknowledged in my abilities and choices.

Tension peaked when I received a telephone call from my mother telling me that she had cancer. I immediately went home to be with her. While at home, I again felt the pull from my community to try something else and search out a new ministry. So off I went to work in a parish setting. This work energized me. I found out that I could relate and work quite well with adults in a way that challenged my creativity and talents. I became aware of new abilities and regained my self-confidence. Following this, I worked as a pastoral care person in a large hospital which was another attempt to test my skills in working with adults and to try a different ministry other than teaching. When this was over, I returned to be with my dying mother.

I was devastated when she died, yet this loss was the turning point in my life. Her absence forced me to recognize my own inner strength and courage. Her death became the most convincing argument that I had to learn to affirm myself and be assertive. I had to learn to voice my needs. Unconsciously, I suspect, I depended on my mother to help me to work through some of my difficulties in the past. As she neared her death, I recalled her words to me - words that have made a difference in my life. She said, "Don't let others walk all over you. You have more potential than you think." I suspect she knew more about my lack of self-confidence than I was aware of at the time. Losing my mother also helped me make the important transition from being dependent to being independent and assertive.

I allowed myself to become assertive and asked my superior if I could continue my university studies in psychology. Again, the pattern to seek approval through my achievements surfaced within me. Once more my friend encouraged me to be responsible for myself. As a result of my persistent efforts to have my needs met, I received my Masters degree in Psychology.

Noticing that the pattern of needing affirmation and being assertive repeated itself, I listened to the discomforts in my life and re-examined the many shifts that had taken place. I became aware of how much energy and creativity was locked within me waiting to be released. I learned to assimilate and appropriate the many changes that I experienced. Gradually, I realized how the many changes and reordering of my life made it fuller and more productive. This awareness was part of my healing process. Now I was able to accept the many painful elements of my early religious life and relate in an adult way with persons in leadership. I took responsibility for reshaping my life and choosing a new focus. Embarking on a new career led me to accept myself and insert my place in the community as never before. Moving through this transitional stage made me realize that my identity was to be found in who I am as Bernadette - a woman whose voice is significant after all. Healing really came when I finally acknowledged the importance of my voice and took responsibility for my life. I recognize now that my voice is a channel of connection, a pathway that brings my inner psychic world of feelings and thoughts out into the open air where I and other persons can hear it.

Looking back, I see the stages of the journey of my healing including the following aspects: (a) an acknowledgement that I was not being treated as an adult in my community, (b) the experience of becoming frustrated in trying to find recognition as an adult in my achievements, (c) allowing myself to become angry with the community's treatment of me, (d) having a breakdown and finding no release with my therapist, (e) voicing my inner anguish with my friend who was on my side, yet challenging me, (f) taking an assertive stance first with my therapist and with the person in leadership in my community, (g) becoming even more assertive with my community by insisting that I go to university, (h) facing up to and coming through the tragedy of the loss of my mother, (i) at University being affirmed and challenged by my friend until I finally realized the value of my own self. With these awarenesses I was able to move to a life of interdependence with my community.

I would summarize my process of healing to include the three aspects of introspection, speaking, and action. I began by reflecting on my inner and outer state of being. I dialogued about this with others. Together we tried to put perspective on my experiences of woundedness. I acted assertively with people by taking responsibility for my life's direction and becoming creative in choosing new life situations for myself. This cycle went on many times until my life fell into place and healing happened. When healing happened I sensed that I was valuable in myself and not for what I could achieve. I was able to look at the way people treated me and was able to see that it was an child-adult relationship. I was able to acknowledge that I overcame this child-adult relationship, (a further acceptance of myself). Eventually I was able to distance myself from the many discouraging and painful elements of my life and to see that they have made me an even better person than I could have anticipated when I first started on my journey towards healing. I have come to recognize that healing means acceptance of these past hurts, and the ability to see and accept them as instruments of growth and new identity.

In my search for participants for my research study, I had hoped to both learn and grow as a person and as a professional. I was interested in looking at the process of healing as it was experienced from the wounded healer's perspective. Nicole became my first choice because she is someone who has been away from therapy for at least ten years. I anticipated her understanding of what it meant to be healed to help me to understand what healing would mean for others who are in process of healing.

The Voice of the Angry Follower

For Nicole there seemed to be a back and forth movement between resistance and openness in her process of healing. She was a person who did what others in her religious community asked of her even when she did not want to. Rather than expressing her desires, she became the angry follower.

Nicole was the youngest of eleven children in her family and she admits that she was spoiled, especially by her father. She felt free and quite protected by him. She learned to please and knew where she could go to get her positive strokes. Her mother was the strict disciplinarian in the family and Nicole never really developed a close relationship with her mother.

When Nicole entered her religious congregation, she soon discovered that her inability to communicate comfortably with some women was a problem for her. She did not always know how to get her needs met. Instead, she obeyed and did as she was told. She would have liked to express her feelings of anger and resentment but felt inadequate and afraid to confront others, especially her cousin, who was her provincial (the authority person in her community). Eventually, she became restless and unable to express her needs. This led her to feel frustrated and deeply depressed. She suffered from this recurring depression for almost seven years, trying all the while to hide in her work. There seemed to be no way out of her dark tunnel of depression and time felt eternal. Her depression limited her freedom and desire to take on new jobs. Moving from place to place was also a lonely experience as she lost her connections with familiar people. The loss of these friends was difficult and her dreams were further shattered when she was asked to change careers.

Despite her suicidal feelings, she was determined to be well again. She had hopes of healing when she entered into her healing process in a residential treatment centre. The eight and a half months of intensive therapy were extremely challenging as she would have preferred to heal on her own. She battled with her independence while feeling dependent on others.

Her experience of being a wounded healer has helped her to realize that she wanted to take better care of herself. She has come to recognize that she does not want to follow others around her who are task-oriented. As she said, "We are so function oriented, job oriented ... we are not indispensable. We want to be so perfect. We want to save the world." Further on in this same interview, Nicole added: "It's the quality of your presence that is more important that what we do."

To be wounded felt like "raw pain" at the very core of her soul and although she could not find all the words to express the heaviness of her suffering, she did know that she did not ever want to experience being that wounded again. Her healing process has empowered her to use her voice to express her needs. Her self-identity became more deeply rooted in who she was rather than in what she did in her work. She became more assertive and reclaimed her personal authority and inner truth which enabled her to be a competent and self-affirmed woman.

Nicole's story of healing was different from the other five participants. One major complication was her lack of words to speak about her experience. Her first language is French and to share her story of healing in a second language was not easy. She was the only participant that I interviewed three times as I kept trying to gain more insights, understanding, and clarity about her experiences of healing. When she shared her story during the first interview, her primary concern was to help me understand how she became depressed and what she did to get the medication she believed would cure her. She lacked trust in her medical doctors, some of her superiors, and her therapists in their ability to help her. Of this she said:

> I saw a medical doctor and he was very stubborn and we just had fights ... so I decided to stop seeing him and I knew another doctor and I asked him to refer me to a psychiatrist to put me on Lithium and three weeks after that I was well and I've been well since then.

Later, she shared:

> I saw a psychologist at the time but I was not trusting. I was afraid that he would tell my provincial (superior) what I was sharing with him so I was just, it was just a waste of time and money and I decided myself to terminate with him. I said that I was okay but I was not better.

It was after this that she went to a residential treatment centre. Here she was able to deal with issues of anger and she learned ways to be assertive rather than hold her feelings and opinions inside. At the same time, many opportunities surfaced that could have helped her to gain insights into her past behaviours, but her main concern was to be medicated for her depression. She may have missed a good opportunity to deal with some issues around her mother with the transference between herself and the nurse at the treatment centre. Instead, she found ways to avoid this person. She gave her reasons: "She was just like my mom's image I guess and I really treated her rudely. I didn't want to do anything with her and she was kind and I just didn't want her around."

She felt she had not experienced the degree of healing she wanted and seemed confused when she shared: "My therapist felt that I was strong enough and it was psychological." She felt disappointed about her healing process when her pattern of depression continued for about seven years after her residential treatment program.

Nicole's nursing background may have been the contributing factor which made it difficult and frustrating for her to accept someone else's opinion and help. She commented: "I was a nurse and I was quite competent and I could really do my own things." Her experience with depression was very painful. It was like "raw pain" for her and she wanted to protect that exterior part of herself that everybody knew about. The difficulty was that she was unable to protect and heal her own wounds. This was perhaps an insight she was not in touch with in her attempts to be healed.

Nicole learned to mask her feelings at home and this attitude extended itself into her adult experiences with people. As she noted, "I was depressed but at the same time my upbringing, you're not suppose to suffer because you're suffering yourself so I was kind of covering up all the time" and "you come at the end of the day and you're suffering. You cannot show it and you have to work at the same time." The influence of her upbringing, her lack of assertiveness, and her inability to share her insights in an adult-adult manner may have contributed to her lengthy depression. Medically, she knew how to assert herself and how to find ways to get what she wanted. Relationships were not as easy for her to control and she lacked competence in being able to express her needs. Feeling misunderstood by her superior added more stress to her situation. She felt coerced into jobs she was not prepared to do. She was angry about the expectations and roles she was assuming because these were not clearly explained to her. At times she felt there was no way out of her dark moments of frustration and disappointment. The uncertainty of her mood swings and her fear of committing suicide limited her freedom to do the things she wanted. Trying to please others caused her to lose sight of her own needs. She asserted this when she explained: "Like I was so sure of the right thing to do things, control. That's what I put beside. Control over everything, everybody ... there was uncertainty in admitting my defeat."

Her dreams were shattered when she was asked to change careers from nursing to pastoral care when she returned home from the treatment centre. Her inability to voice her discontent caused her to be an angry follower in many instances. She shared: "I learned to know myself more and how I was like angry and I had become dependent and I am more independent." She confused authority and obedience and in the process lost sight of her "true self". She admitted her struggle with her confusion when she shared: "That's my personality so how to become myself again and how to use my independence without hurting people." Accessing her inner truth posed some conflicts for her and kept her confined with her system of self-deception. She did not want to expose the naked facts of her woundedness. Her mistrust in herself and others denied her the opportunity to search for her "true self". This was evident in her response to the nurse at the therapeutic centre she went to for healing. The power of repression kept her from learning the truth about herself until much later. Perhaps if one person could have understood what was happening and if this person could have come to her defense, her entire healing process may have been different.

In her book, The Drama of the Gifted Child, Alice Miller (1981) notes that "behind a depressive mood there often hides unconscious (or conscious but split off) fantasies of grandiosity. In fact, grandiosity is the defense against depression, and depression is the defense against the deep pain over the loss of self" (p. 38). Miller explains how depressive individuals are sometimes compelled to fulfil the introjected mother's expectations. This can cause the person to see herself as a failure (p. 45). Nicole mentioned very little about her mother other than to say that her mother was overpowering. To Nicole, her mother was admired but not loved because "she was too strong of a woman ... duty oriented, not too joyful." When Nicole was hit by a car at the age of four, her mother told her "it's normal to suffer." This may have been the beginning of Nicole's denial of her own emotional reactions and feelings towards herself and her mother. Subsequently, it was no wonder she turned to her father to be nurtured and spoiled because he "was so gentle and caring."

Her lack of freedom to express her feelings at home continued in her religious community. Her uncomfortableness with her mother extended to other women. She lacked the necessary skills to confront and assert her needs with some women. She stated that it was easier to share her real self with men: "I find men are more direct and because I live in community and I get fed up with all the details of community life ... I really like to talk things with a companion, a man."

Her desire to be explicit in her needs were further complicated because her superior was her cousin. They grew up together and were friends. Once her cousin assumed the role of leader in the congregation, Nicole felt misunderstood and was unable to trust her direction and authority. This relationship was key in triggering Nicole's depression because she was unable to feel understood and valued by this person. She said: "She was kind of rude to me and I think she was expecting more of me." When Nicole tried to tell her superior that she was unable to function in her work, her superior would not accept her resignation. She stated "I was ready to resign and I told her. I said, 'I'm sorry but I can't function' and she didn't accept it of course."

In retrospect, Nicole took ownership for her behaviours at that time and blamed herself for not paying attention to her own needs. She explained: "It's me who didn't know how to react to what was expected of me." She has since been able to forgive this person for treating her as she did. Affection and hostility are normal ingredients of interaction between people. Some experience of hostility among coworkers and colleagues is inevitable. In the course of everyday life, it is normal to offend one another's sensitivities. It seems however, that for Nicole her relationship with her parents denied her these ingredients as a child. Nicole did not have a close bond with her mother and to express feelings of hostility to her father was too much of a risk. His affection was too important to her. She validated this when she remarked: "It seemed I knew where I could be free and where I had to be straight."

Nicole was a young adult when she entered her religious community, but she did not have the experience of an intimate relationship with a male. Her idealism prevented her from experiencing this stage of development and her need for intimacy was suppressed for some thirty years. In her words, "It's about thirty years ago and so I guess that's what, that desire that was fulfilled." When she found someone she thought she could trust, she discovered her vulnerability and lost herself in fantasy. She shared: "I was just completely lost in love, what I thought was love." Recognizing her involvement with a male friend caused her to feel ashamed of herself, guilty and depressed. "I got terribly depressed and terribly ashamed of myself and guilty." Even though she was not happy that she had a sexual relationship with this person, it was the turning point in her healing process. Her reaction to this relationship caused her to take herself down from her own pedestal. She soon learned that she was not as perfect as she thought. "The turning point was that awareness of shamefulness. I was so perfect. I was so in control. That feeling of wanting it again. I'm not supposed to. I fought with that for four years."

Having fulfilled this desire, Nicole also wanted to see if she could maintain a relationship without being sexually involved. She said: "I wanted to prove to myself and to him that I could be friends without the rest but he didn't come. He was sick." Her relationship ended soon afterwards when her friend died of cancer. She lost her friend and was left with unresolved feelings about herself and her relationship with him.

As a result, she returned to out-patient therapy to deal with the complications of her dealings with this relationship. This time in therapy was more of a healing process for her. By now, she was ready to trust herself and her therapist. She worked through her issues of intimacy and she found ways to reclaim her "true self". This allowed her to be freer and more honest in her communication with others. This second time in therapy helped her to be more integrated and self-empowered than ever before. This was heard in her words when she explained how differently she would have liked to respond to the person in authority with whom she felt misunderstood: "I would have told you, I'm sorry but I'm going to take three months off. Good bye. I'm gone ... I would not let people destroy me."

Being a wounded healer was for Nicole:

> A chance in life because it creates a more real self. It's a second chance. I always say that I had two lives, my first one and now I'm in my second life and my second life is more beautiful than my first one.

She summarized her healing as coming out of a black tunnel. "I'm spinning in a tunnel. And the black hole ... there was no end to it." Being wounded meant "deep raw pain." For Nicole, woundedness was a heavy pain that only she could reach at the level of her deep inner core. "The core of my being is sick. It's sore. It's painful and sometimes it was even physically painful. Like I had a kind of heaviness."

For her:

> There's no words that could express what you feel ... I was alienated from other people. I was on my own, like a stranger ... I don't belong. Where is home? It's more than loneliness. It's raw pain.

Signs of healing were evident to Nicole when she was able to name and own her pain out of her awareness of feeling hurt. Giving voice and being able to articulate her needs was also healing. Reaching out to friends, trusting people, and sharing her woundedness also helped her to heal. She shared her advice for other wounded healers when she said: "if your body is healthy the whole of you will be better then. Reach out to friends. Trust people and open up. Share woundedness because every human being is wounded in some way."

Nicole had her doubts about God and wondered if she had been condemned to hell for being a wounded healer. She articulated this: "I had great doubts He was not there and that I was condemned to hell and I had many dreams of fire and hell." There was also "a deep conviction that the Lord was there, would be there." She added: "I saw the Lord as a friend walking with me. There was an act of hope."

Nicole's process of healing helped her to convert her anger into gentleness. Breaking out of her negative feelings of anger and depression helped her to build a stronger sense of self and self-understanding. She is much freer to accept herself with her strengths and limitations. Speaking about herself, she said: "I can establish my priorities ... I think it's a way of staying well ... I was too demanding of myself." These new insights into her old behaviours made living much more joyful for her.

The Voice of the Abandoned Child

The theme of being abandoned was consistent for Ann. She felt she was never received at conception and was therefore abandoned at conception. She recalled this feeling when she asserted: "That goes back to birth and prebirth. I got in touch with not feeling wanted, people weren't there for me, my mother just wasn't there for me when I was in the womb."

She called this the pain of "emptiness", not being connected to anyone. She was unable to claim her space within her mother's womb and the feeling of not being wanted made her feel like a "zero". Whenever Ann returned to this pain, she tended to dissociate. In her words: "I split off from myself."

When she was about three years old, she was again abandoned by her father who left her in the hospital, "the experience of my father really leaving me in the hospital and he promised me he wouldn't, so there was a feeling of oh - abandoned, being let go." She recalled looking out the window from her crib only to see a brick wall and a red street light. She wondered where home was. This event caused her to decide at an early age to be responsible for her own needs. "I sensed at that age which was very young, I had decided I had to do it by myself and I'd say that characterizes the way I lived most of my life. I had no idea. I had to do it by myself." These early memories have left their scars and have caused her to fear becoming attached to people in case they too abandon her. She often cuts off relationships just in case the other person might abandon her.

Recognizing that she grew up in a home that was ruled by fear helped her to realize "when I let that fear go ... I will be my own person." This was not easy for Ann because she has been out of touch with her feelings for most of her life. Being disconnected from her feelings, she had no idea she was in need of healing. She commented in her second interview: "I didn't have any idea I needed help. I could go back four or five years earlier when I needed some space and I sensed that I didn't know why. I just felt confused." Growing up, she was overly enmeshed with her mother. She claimed, "I was my mother." Ann was more in touch with her mother's feeling than she was with her own. Her "self" did not seem to count. Only her mother's needs were important in their relationship. It was as though she abandoned her very self. She had no "self" of her own, no voice of her own until the day her mother asked her to lose some weight for her. Ann replied: "If I lose weight, I'll lose it for myself."

She recognized that healing comes from within her being and that to accept herself as belonging to herself first is a necessary phase in her process of healing. She observed "I want to be at home within me and I'm not there." Even though Ann has been in her community for over thirty years, she still does not have the feeling of belonging that she longs for. Affirmation would have helped her to be open to receiving healing during her experience of the many crises she went through. She recalled:

> What would have helped me is if the people with whom I shared these different crises somehow affirmed me in that it was a crisis... I was in a natural disaster and my provincial (superior) came in and she didn't, there was nothing. She has never to this day said anything.

Through the experience of healing however, she came to recognize that she needed others to help her in her healing process. She cannot heal on her own even though she admitted: "to reach out and ask for help, seems to have a disgrace attached to it." She placed herself on a pedestal of perfectionism and came to accept that she could not survive up there because it was too rigid and narrow. She shared, "I had the spirit of a Mary Poppins going around enjoying things." At the base of this pedestal was fear. There was an emptiness within her that wanted to be filled, yet Ann was paralyzed in fear. It was as though she had abandoned her very self.

In our second interview, Ann empowered herself and gave voice to her feelings and unmet needs: "Damn it, I don't want to be helpless. I've gone through that as a kid so get out of the pain. Don't be helpless. Don't be victim and that's exactly what isn't helping myself."

For Ann healing will happen when she learns to stay with her pain, accepts herself and her God. Her faith allowed her to make powerful statements about herself - that she is real, she belongs, and has a right to be here. Ann knows that pain comes from being wounded; if someone is in pain, they are not whole. Woundedness meant being "emotionally twisted". Even though there was healing, the scars left behind remind her of her painful past.

The healing process helped her to recognize that she does not need to abandon herself by dissociating when she feels her pain. It was important for her to receive her life and to heal her own wounds. She admitted that for most of her life she looked to others for validation and now more than ever she is aware that to move from being outer directed to being inner directed spells freedom, a life long desire. She commented: "I don't think anything can be more essential than trying to face accepting myself."

When I last met with Ann, she was attempting to integrate her healing process into her daily living. She was beginning to re-enter the outside world of people and was doing the things she did before her breakdown. She recognized that she could continue healing while being engaged in life. When she can distance her pain from that of others, she will know she is healed. "I could bring more hope. I could bring more encouragement. I could help others find their own resources." Whether she will be able to call herself a healer again will depend on her ability to listen to the pain in others without being caught in her own pain. It is possible Ann will re-claim her abandoned "self" and be empowered by her efforts to regain her true self again.

She shared her stages of healing: facing the need for healing; the actual process of therapy; letting go of her job; losing her connections with friends; totally immersing herself into the therapy program; and the transition into on-going therapy as she reconnects and re-adjusts to new work. She can now integrate her process of healing into her daily living activities: "I think there's a graduation of finally re-entering into maybe more of a formal pattern of circulating with people, interest groups, projects, and whatever you want - the things that I was doing well four or five years ago." Hearing the voices of affirmation and encouragement were also helping her to reach her potential for growth and change in her development. The impact of her faith reverberated throughout her healing.

> I'm really at the point where I'm accepting the gift God gave me and I'm believing in it. Ann's okay. Ann's real. Ann belongs here. Ann has a right to be here and Ann had pain which wants to deny her of her right to be here.

To feel that she "belongs" was a major sign of healing for her. She does not want to be abandoned again and has learned that she is responsible for herself as she reclaims her self-identity. More and more she is recognizing that she can empower herself by giving voice to her feelings and needs. She said of herself:

> Don't be helpless. Don't be victim and that's exactly what isn't helping myself ... healing happens as I learn to stay with my pain and accept me and my God. There's nothing more that I need in healing than to accept Ann.

Even though she would like the map towards healing to be clearer, she recognized that it was a process that takes time. "Healing the wounds means standing on holy ground. Healing is God's gift. One has to be healed in order to be a healer again." Being a wounded healer herself has prepared her to help heal the wounds of others. In this sense, she is both the wounded healer and the healer.

The Voice That Went Unheard

Charlene was the last of ten children. As a child, she never felt close to her mother and always felt like a burden. She said:

> At times I would hear my mother tell me to get out of the way, and I took that to heart and tried to make myself invisible ... I became very independent so that I wouldn't have to bother anyone. I carried that attitude of independence into adulthood (Theological reflection, p. 1).

Her mother's rejection of her drew her closer to her father and she looked to him for protection and acceptance.

> I did not want to do anything that would destroy the deep love he had for me, that is, I did not wish him ever to be angry with me. I had and still do have a terrible fear of being abandoned or rejected (Theological reflection, p. 2).

This sense of security and acceptance diminished the day she arrived home with her grade eight report card. She felt sure that he would be proud of her accomplishments. Instead, he looked at the report card in all seriousness and said:

> 'What happened to the other mark in spelling?' That devastated me, and from then on, I felt no matter what I did was never quite good enough. I carried the fear of authority and the need for 100% approval from authority figures into religious life (Theological reflection, p. 2).

Charlene's voice went unheard at home. In community too, her voice seemed to go unheard by others. She cried out for help and was not heard. In desperation, she shared that she would move places if only to solve her desire to unload some of her workload. Her lack of voice caused her to feel trapped in her unmet needs. Tension escalated as she told of her many jobs. I heard the crescendo in the sound of her voice as she spoke of her pain.

When she was informed and advised that she would be teaching music classes in the hall, she was frustrated and angry that her voice was not included in the decision about this event. She became the victim of the system and experienced dissonance. Her failure to harmonize isolated her even more and she felt separated from the rest of the group. She felt powerless and out of control. The expectations seemed endless as did the difficulties of living up to everybody's expectations. Each new demand brought feelings of being out of control and filled her with feelings of insecurity, frustration and vulnerability.

A feeling of helplessness and hopelessness began to take over and her only desire was to give up on life. Warning signs flashed all around her, but she was unable to feel her own strength. In fact, her strength was suddenly very delicate and she became pregnant. Her pregnancy spelled relief because she could now stop and take time for herself and the child within.

Life continued and her voice continued to go unheard by others who did not seem to grasp the implications and seriousness of the events of her life. She longed to be listened to and to be able to tell her story. Finally when her voice was heard, she was told she could benefit from intensive therapy at a residential treatment centre. She felt ashamed she needed this kind of healing and wondered how she managed to survive the past agonizing years. However once in therapy, she recognized herself as a wounded healer.

Charlene's story described the pain and the stress caused by her inability to find the space and quiet she needed so that she could deal with the tensions within her.

She wanted to hear her own voice and use it to express her needs. This did not seem possible as too many things were coming at her and she felt swamped and confronted on all sides. There did not seem to be time to find a solution for one problem before the onset of another series of pressures and external expectations came her way.

There was no time to secure a coherent meaning of the fragments of her story as these were offered by other voices which she could not assess, understand or appropriate to herself. As a result, it was important for her to tell and re-tell her story in a search for coherence, harmony and unity in her life. The ongoing struggle to overcome those tensions and to bring them closer to her lived experience was not an easy journey. The tensions between the lived and the told story of her life have also created a sense of incompleteness at times. These lived experiences have a past, a present and an imagined future. Her ability to make meaning of what is being experienced in the present, in light of what is remembered from her past and predicting what is to come is dependent on her perceptions and comprehension of the events of her life as she has experienced them up until the present.

The process of healing for her will be that of reordering the relations among the components of a new present and a restructured past and future which now makes up a different whole. For Charlene, it is a process of re-examining the incidents of her life and reconstructing her past in light of her present moments and tentatively imagined future. The pain of hurt and loss that she experienced as a result of falling in love and having a child is still deep within her.

> Although I've dealt with the pain on the spiritual and intellectual levels, my emotions have not caught up yet. The shame and guilt have prevented me from grieving the loss of these two people who became a very important part of my life (Theological reflection, p. 1).

Healing for Charlene meant more freedom and acceptance. She commented: "There's been some progress there of accepting what has happened and a freedom in that I'm able to deal with it in a more mature way." It was difficult coming to realize that her voice was not heard. Being more visible in her present situation was helping her to voice her needs. As she found her voice, she began to discover her "true self" that got lost as a child.

> I have come to realize that I have not given myself the right to 'be'. It's that deep. I have not given myself the right to be alive. So if I don't have that right, how can I have a right to be heard. How can I have a right to be heard if I don't even have the right to be?

When Charlene had her little girl ten years ago, she kept this as her personal secret, allowing few others to know about her relationship and the birth. Since being in therapy, she has been able to tell her story to someone in authority in her community. This was very healing for Charlene. "I was able to be free enough to tell her about my relationship and the baby and her acceptance of me and that was really healing for me."

To Charlene, "woundedness means hurt, pain, loss, suffering, unfulfilled needs such as the need to be loved, nurtured, and accepted." Her healing process has given her hope and the experience of therapy has taught her how important it is for her to be visible, to be listened to, and to be heard. At the same time, she recognized the wounds take time to heal. Of this she shared:

> The process of healing can be very painful and messy at times but one has to go through the messiness before the healing can take place. Some wounds take longer to heal than others and are perhaps more deeply rooted so that the healing takes place in different levels at different stages of our life. For example, we may have worked on a certain issue in our life some years ago and it has come back again. That doesn't mean we didn't deal with it right the first time. It just means that we are now ready to deal with it at a deeper level.

The symbol of a broken guitar that has been put back together was her image of healing. "The strings that were too taut have been loosened so that they can be in tune with the other strings, so that the melodies, harmonies and dissonances can be held together in creative tension." She wants to play that guitar and sing at the same time because it is an instrument that can bring forth a voice. The voice that went unheard is now ready to be heard creatively and in harmony. And for Charlene, there is hope in healing. "Hope for me means that a healing will take place. The healing is taking place."

Her rediscovered voice will soon play out the melodies and rhythms of a new score for her daily life in a renewed sense of personal empowerment and personal authority. It is as T. S. Eliot (1944) says in his Four Quartets:

> There is only the fight to recover
> what has been lost
> And found and lost again and again;
> and now, under conditions
> That seem unpropitious. But perhaps
> neither gain nor loss.
> For us there is only the trying.
> The rest is not our business (p. 26).

With a rediscovered voice which will become more self-assured, confident, knowledgeable and aware of its own power and significance, Charlene's story of healing will show her striking her own notes and making her own sounds on her own frequency. (Charlene shared her stages of healing in a letter she sent to me. I have included these stages in Appendix E.)

The Voice of the Family Heroine

Mary is the oldest of three in her family. When her father began to drink, she took over his role in the home. She was the family heroine who became the embarrassed wounded healer. Mary described herself as a sensitive and shy person who avoided hurting others which was consistent with her being a people pleaser. She avoided taking risks with people and seemed to confuse her identity of who she was as a person with what she did in her work. Her anger and resentment about being the heroine in her dysfunctional family were expressed here.

> I'm the oldest, so I'm the heroine. I tried to save the others. I felt that my mother allowed me to become too responsible too young ... I always got the supper because Mom was working so I'd have to have the supper ready and I did a lot of the house cleaning which my sister didn't really participate in.

Mary was surprised to find that she is a wounded healer because she thought she had dealt with her issues over the past thirty five years.

> I thought I had dealt with a lot of these issues through my 35 years of religious life 'cause I'd taken a lot of programs ... I was exposed to a lot of group workshops, but probably I didn't deal thoroughly enough.

She attributed her woundedness to missed childhood experiences: "The child in me is not developed because I assumed responsibility too young, so I'm serious. I have to be more playful."

Mary was afraid to look within herself. There was a fear of what she might discover and she assumed a worse case scenario for herself. She blurted this out when she said: "I'm scared to look at some of the issues because I don't know what I'm going to find". Despite this fear, she admitted that she recognized her desperate need for help when she experienced severe depression and anxiety. This coupled with an attack of angina was a frightening experience for her.

> I felt like I might die that night and then when I got right into the depression I wished I'd die. I would never arrange suicide but I wished I'd die 'cause it was so bad, that depression and anxiety together. The two things were terrible.

Along with her physical problems, Mary felt emotionally stressed with her living situation because of a difficult relationship. "I lived with a real hard person to get along with and I felt stress living close to her ... I allowed her to overpower me so that added to my stress so I had to get help."

She minimized her past achievements and assumed a worse case scenario for the future. She felt she was labelled and was embarrassed that others may not recognize her as being one who indeed did need help, but rather as someone who was weak. She reluctantly went along with the request to enter into therapy so she would not feel guilty later on. She acknowledged her apprehension:

> I felt if I did not come and if I did not get better where I was that I would feel guilty and that my provincial (superior) could say: 'Well, we tried to help you but you didn't take the help'. I really came against my will ... but I did know I needed help.

Entering into the process of healing was not easy for Mary. Being in treatment was difficult for her and she felt devalued because of her inactivity in her ministry. Her self worth and self identity seemed to be tied to who she was in her job. However, once she began her healing process, she was relieved to discover that the source of her problems could be traced back to her family of origin. She blamed her alcoholic father for much of her woundedness. She shared that she missed out on much of her childhood playtime because of her many responsibilities around the house. She resented her role as "heroine" in the family and felt she went unnoticed for who she was. Instead, she was recognized for the work she did around the house. This inner pain of responsibility and work caused her much heartache. Now that healing was happening for her, she shared that her main hope was:

> To feel well physically and ... emotionally I would like to be my old self. I liked myself that was friendly, warm and compassionate 'cause when I'm depressed I don't have a lot of feeling for myself or for anybody else.

The need to feel understood and accepted was significantly important to her healing. "The way for me to get better is for people to say, it must be very hard but it's going to come." She also recognized, "I need to be affirmed over and over because I didn't get it in my youth. I didn't get it in my childhood" and she was prompt to acknowledge "I have to affirm myself and I find that so hard to do."

Although she had many roles and a variety of jobs throughout her life, she seemed to say that she was now ready to slow the pace from a crescendo to a melodious quiet hum. She survived well in the past, but was not so sure of herself any more. Although Mary recognized her need to heal, she seemed forever cognizant that others were worse off and perhaps more important than she. She would rather help than be helped. At the same time, she recognized her inability to be compassionate when she felt depressed. Her need for therapy coupled with her feelings of inferiority gave voice to her woundedness. She feared finding her "true self" in case she was more inferior than others. She does not want her community to think that she is not a "normal" person. Her main hope was to feel like her true self once again. Staying in the present was helping her recovery.

Having been to a treatment centre for healing, Mary was more determined than ever that she will: "not allow other people to overpower me. I will speak my truth." Another sign of her healing came through in her ability to be more verbal. Now that the depression had lifted, she felt more alive. She seemed more interested in things in general and was able to more freely socialize with others.

As a wounded healer, she shared:

> I have been broken. I've suffered. I've been in pain. I've felt empty, depressed, and lonely. At one point I was so wounded I could not even help myself and someone else had to help me and make decisions for my life.

She realized that she can no longer keep the hectic pace that she was stepping to prior to going for help. Her life needs to slow down for awhile and she was relieved to say: "the rest of the year is for me to get on my feet." She was aware that it will be necessary for her to pay closer attention in the future to the amount of time she invests in her work. "I'll have to be careful that I don't get over stressed" because "if the wounded healer is a depressed person, I'd say it's terrible. It's hell." At the same time, she is concerned that others will not understand the depth of pain she has experienced. "People, our families, our friends, our community want us to be better fairly soon. They will tolerate your sickness for three or four months but after that, come on. You've got to be better."

Signs of her healing are spoken here in her words: "I feel within myself more strength. I feel more of my person ... I have become much more connected to God, to Jesus ... and prayer is a priority for me." She also acknowledged that she could be a healer again: "I have the strength within me" and a few sentences later she said she was ready to take responsibility for herself when she stated: "I have to affirm myself."

She was convinced that as a result of taking time for healing that she made a complete 360 degree angle turn around. The circle was her image of healing. The circle symbolized "wholeness" and she wanted to be reminded of this by wearing her mother's wedding band. She explained:

> My mother's wedding band speaks to me of wholeness and to me, that's where I'm going, towards wholeness. We will never be completely whole on this earth but that wedding band means a lot to me even though I wasn't close to my mother.

In her theological reflection, Mary elaborated on her image of wholeness when she related:

> In my wellness, I can easily say that suffering is a grace which helps me to grow into wholeness. Every shadow has a gem. I know from experience that if I can make it through the shadow, I will be a better, wiser person. After darkness comes the light and so I can never be the same person. That is why I constantly pray for faith to believe that indeed 'All shall be well' as Julian of Norwich says (Theological reflection, p. 5).

The day I saw Mary for the last interview she was preparing to give a homily at the prayer service. Being able to do this was yet another indication to her that she was much better. She said: "For me to even say 'yes' to doing this, is a sign of recovery." She realized that day that she was going home with a bit of a limp knowing she was not completely well. She commented:

> I feel ready. I'm not cured completely and I never will be, but I feel ready to go home and to begin again and I'm in transition and I'm enjoying it and God is very meaningful for me. This afternoon I have to do the homily and I feel it's coming from my heart.

The challenge for Mary will be to enjoy life with less seriousness. Taking time to play will help insure her move towards wellness. This invitation to play was shared by one of the residents at the end of her healing process: "Life is meant to be lived and try to kick up your heels and have some fun. Don't be too serious." Another person added: "Keep in touch with your feelings and learn to play."

Her experience of healing also helped her to become more aware that God still loves her. Knowing this, she concluded her story this way:

> My own inner strength will enable me to face my pain and suffering. Loving will free me to enjoy life because it energizes me and makes all goals attainable. Loving attracts itself and it will heal me and soften the hard edges of my life and open me up to receive the blessings that others' love will foster in me. I know all of this to be true because I believe in the miracle of love (Theological reflection paper, p. 5).

The Voice of the Cautious Pretender

Sarah is the second of eleven children in her family. Most of her siblings were born a year and a half to two years apart. Her father worked two jobs to keep the bills paid and her mother was kept busy at home. Sarah recalled very few memories of her early childhood. "I remember nothing, even about school, until seventh grade." It was important for her to help out at home. Because of this:

> I had to be independent and without needs because there wasn't time for them. I became responsible for the younger children and felt it was my job to keep them from bothering my mother. If my mother became angry, it was usually my fault ... Somewhere between the ages of nine and twelve, my mother had become very angry with me and sent me to my room. When my father came home, he said, ... I was making my mother feel bad by doing some things better than she was ... my doing things too well was threatening to her. He asked me to keep on helping, but to make sure that I didn't threaten my mother's "place" or "self-esteem" (Theological reflection, p. 1).

Consequently, it became important for Sarah to maintain a quiet voice because she liked to "try to be whatever kind of person others would find acceptable" and it is very important for her to be whatever the norm might seem to be at any given time. Sarah learned early that it was wrong for her to enjoy success and accept praise. It was unimaginable for her to picture herself as a likable person because she was too wrapped up in herself as a hurting person.

To dance to the tune of her own drum was unthinkable. This would be too risky and insecure for her. She could not pretend in bioenergetics though and found it difficult to be in control of her feelings and thoughts once her body took control. This was very scary. She shared this fear when she said: "there's a real part of me that says: 'You don't want to get well. You aren't going to get well and there's just no way this therapy is going to work." When there was no escape and the game of hide and seek was no longer effective, this neglected child cried out for attention as she tried to hide behind her truth. When she got tired of feeling depressed, she accepted the invitation to come to therapy.

The fear of her unknown future was a big concern for Sarah. Knowledge and acceptance of herself was the biggest hurdle confronting her. She was afraid that she would not know how to be a well person. It was as though she felt more comfortable in her pain and was not sure she wanted to make the effort to be healed. Perhaps, there was denial here to protect herself from her uncertain future. One can only wonder if her unwellness was her way of getting the attention she yearned for from others. Was her game playing a way of defending against the truth of who she is?

Even she knew she needed therapy to heal her wounds. However, she denied this need by burying herself in work to avoid facing herself and her woundedness. She explained her behaviour:

> I was setting goals that were impossible to meet and then becoming very angry and frustrated that I couldn't meet these goals ... I was eating anything that came into sight even though I wasn't hungry ... I wanted less and less to be with people ... I was always exhausted and yet never giving myself enough time to sleep.

Sarah reluctantly agreed to a residential treatment program because she was tired of feeling depressed. Her weekly therapy sessions were going nowhere for her. "They just became maintenance that kept me going but that was about it." Depression caused her to feel like she could no longer function and make simple choices for herself. She remarked:

> I was getting to the point where I couldn't read. I couldn't do the music that I loved. I couldn't do anything and making a good choice for myself whether it be getting the right amount of sleep or going out for a walk, none of these were possible choices for me any more.

Sarah is a cautious and sceptical person who tends to model her behaviour on how others behave. She needs the security that others have survived the process of healing before she can trust that there will be hope for her recovery. She communicated this when she shared:

> I like to watch people to see how they operate, to know how I should operate so their experience and how they handle themselves in the groups or whatever helps to get a handle on the appropriate behaviour and feeling like I fit in helps me to adjust better.

Sarah's lack of self-confidence and poor self image may have climaxed around the age of twelve when her competency was a threat to her mother. She related:

> I was making her feel bad by doing her work better than she did it or by doing something that made her feel like she wasn't a good mother. So I needed to continue to help but I needed not to be a threat to her.

This awareness caused her to think: "It's wrong for me to be successful and enjoy it." The fear of overpowering others kept her from entering into relationship with others because as she shared: "Other people will come to know how bad I am, that my needs will overpower someone, that it will be too much for any one individual." All of this made her feel hopeless and unable to function. "It was next to impossible for me to say any good about myself and at times I contemplated suicide more and more and more frequently."

Sarah was filled with uncertainty and fear going into her process of healing. She feared knowing the truth about her childhood pain. "It's like I want to know what happened, this big secret that nobody knows. Like what the hell happened. Part of me doesn't want to know ... I'm afraid of all the inside stuff."

When I interviewed Sarah four months later, she had experienced much inner healing. Indications of healing became evident when she recognized that her feelings were being expressed openly. She noticed: "I still don't know who I'm going to be at the end of all this." Nevertheless, she accepted that she could not dislike herself as she had in the past. Believing in herself was a major breakthrough that gave Sarah the self-empowerment to heal her woundedness. "I'm beginning to believe that there's some value within and believing that, I think, is going to give me some of the power that I need."

She learned that she could form healthy relationships and be friends with others. About this, she said: "Spending time with relationships amongst the residents is giving me practice with relationships. Doing the things I'm comfortable doing has also been very beneficial." Another sign of healing for Sarah was letting go of her fears of being hurt, invaded, frightened and of being a bad person. She explained: "These are my fears and it's time I let the fears go. It's time I left them behind and so there's a lot more verbalization for me, a deeper level of honesty." Later she commented on her ability to claim her space: "I'm much closer to saying I have a right to this space. I have a right to exist."

Being the wounded healer was a crippling pain for Sarah. However, she came to accept that despite the wounds, she could continue on with her life. She explained:

> I think of a pain that almost cripples, that makes it difficult for us to do some things but I'm

> learning that it's okay to be wounded and maybe more than learning, that I'm accepting it and it doesn't mean that I can't do other things. It doesn't mean that I'm an incapable person because part of me has been wounded but in truth it just makes some areas of my life stronger or better because of that. So when I think of woundedness, I think of a pain, a scar, a damage to a part of me but that doesn't necessarily cripple me completely.

Sarah's image of healing was seen in comparison to the butterfly. She shared her promise of freedom in this way: "I feel like I'm into the cocoon building stage now but that I'm not going into it blind. I know there's a promise of being free to fly."

Even though for her there was the sense that she was going to suffer for this, she was hopeful that she was going to grow and "there's that sense that if I keep going, if I keep working at this, I'll be free." As her healing progressed, she felt more hopeful and self-empowered. She added:

> I have more hope now than I had. My sense of hope is growing whereas before I felt I had no power, no control and that there was something drastically wrong with me. I'm not seeing it quite that way any more.

A source of comfort surfaced in her when she shared how God was with her in her worst moments of fighting to stay alive. She asserted: "I always knew that He was there. It was a very real sense and that knowledge kept me from going crazy or killing myself." God has always been a part of her life:

> Ever since childhood I've always felt as though I had a direct communication line with God. I would

> talk to Him as I would to another person and that's been a gift from childhood. I feel that gift stronger now than I have in many years.

Sarah's concluding statement was again for me encouraging as I sensed that she was reclaiming her personal authority when she voiced her inner strength. She concluded with a determination to: "take back the personal power over my own life that I lost as a child. I want to accept myself as I am and be happy that I am me" (Theological reflection, p. 4).

Change usually emerges from within a person's inner self. This announcement certainly confirms what Ann Wilson Schaef says in her book, Women's Reality, (1985) when she maintains that: "as women reclaim themselves from within, they begin to explore the possibility of being fulfilled and happy" (p. 83).

The Voice of Determination

Teresa was ready, eager and motivated for help in therapy. She was aware of her issues and expressed hope for a better future. The catalyst was her dissatisfaction with a recent relationship which was causing her to feel depressed. She felt the other was trying to force her to be more open than she cared to be. The expectations of others in her community made her feel powerless, helpless, manipulated and trapped in her situation.

In therapy, she traced her problems with relationships back to her family of origin and her difficulties with her alcoholic father. Like Mary, she was the "heroine" in her family at the early age of 12 when her father began to drink. Teresa felt she lost a nurturing father and moved from being a happy child to being a responsible adult and full-time employee for the family business. She felt emotionally wounded and abandoned.

When she entered religious life at the age of 17, she was disillusioned by those in authority. She expected from them what she desperately wanted from her father. Hence, her family issue soon became her community issue. A deep mistrust of these persons settled in and she tried to play out the role of the "good religious", looking for ways to be recognized and acknowledged for what she was doing in her work.

Her voice went unheard and her frustration intensified as her needs went unnoticed and unmet. She felt devalued as a person in this system. Once again, she felt abandoned, lost and hurt as her voice seemed to fall on deaf ears. All of this gave her inner strength to heal and a determination to learn how to value herself. She realized that she no longer wanted to be pushed around and plucked at by others. Recognizing that authority persons in her community were not her parents gave her an opportunity to make a shift from being dependent to independent. She realized that she had been living according to what others expected of her. What she expected from her father got transferred to others in authority in her community.

Paying attention to her dreams gave her the key she needed to open a new door for herself. Differentiating from her parents, letting go of them, and taking responsibility for herself helped her find a new sense of freedom. Taking charge of her own life, gave her confidence to decide that she wanted to make her own choices. Along with this, she was determined to get her needs met. Trying to please others while violating her needs was not working. Hearing this new voice intimidated some in authority as they tried to adjust to this assertive woman for the first time. When Teresa learned to be responsible for her own life, others felt threatened as she tried to achieve a delicate balance of independence with autonomy while recognizing her role within the system. Her "real self" soon began to replace her "ideal self" and with this she let go of her need to be the "good religious". She felt hopeful and wanted to reshape her life. She no longer needed the approval of others to feel accepted. She was energized by the possibilities she could anticipate for herself. Taking control of her life was a challenge she welcomed and she was determined to stand up for what she believed was best for her. She was beginning to trust her discernment with God during this time.

All that remains are the scars left behind to remind her of the hurt and pain of her wounds. Healing helped her to be less dependent on external authorities. She is less egocentric or locked in her own experience of suffering. She is more differentiated from others and better able to distinguish her feelings and thoughts from those of others. She delights in her autonomy and comments on how good it is to listen to her own inner voice. Her journey of individuation helped her to define her inner strengths and then to expand her boundaries to allow for the full flowering of herself as a unique and healed wounded healer.

The main feelings that signalled a need for healing are described here by Teresa in our second interview:

> There were feelings of hopelessness, dissatisfaction, discontent, emptiness, nothing left to give, worthlessness, feelings of restlessness and feelings of like fatigue. I was very fatigued and that fatigue felt emotional and physical. I just felt drained and worn out and an inner malaise, a heaviness of spirit and hostility ... The hopelessness could describe that feeling that there was kind of nothing to live for. What's the use of going on? I'm just kind of batting my head against the wall and I guess almost despair.

Unlike some of the women who found it necessary to get others' opinions about their need for therapy, Teresa recognized and acted on her feelings of depression then informed the person in authority that she wanted to find a suitable place to get the help she needed. She described this in her stages of healing: "The first stage was the recognition and the admission that all was not well with me." Then came "the search for treatment and that involved working with the doctor, working with the spiritual director during the time that I was waiting to come." She entered the program prepared to work on her issues and was highly motivated to get help with her behavioral patterns that were inhibiting her present growth. "I was ready. I needed it. I wanted it and I was ready to do what was necessary" and "I got to work right away instead of stalling and resisting." In our second interview, Teresa told how she reviewed her assessment report and pulled from this her goals for therapy. "I picked out the issues that I needed to deal with that were suggested in the report." Healing was a positive experience that gave her the confidence she needed to trust herself. Her perceptions of herself and others have changed as a result of her healing process. She gained inner strength as she learned new ways of standing up for herself in an appropriately assertive manner. She said: "I could stand up to some situations where before I didn't know." She discovered ways to let others know she has a voice by letting them hear what her intentions are for remaining healthy and avoiding stressful situations in the future. Again, she voiced this in the second interview: "I have decided that this is not how, I'm not going to live like this any more because this obviously was not an adult way to live."

When she was not listened to, she felt frustrated and trapped in her relationships. This in turn made her feel devalued as a person. She was tired of responding as the "good little girl" or as the "good religious". She found her inner voice and wants to speak for herself and let her needs be known. She shared: "I am going to live by my own truth and if that's going to mean struggling and fighting with someone then I'll have to do it." She also said: "I do have convictions. I do have wants. I do have needs and I do have expectations for myself that are not the same as somebody else's necessarily."

Paying attention to her dreams aided Teresa in gaining clarity about the impact of her past experiences. Working with her dreams enabled her to see the inner parts of her dreams fit into the outer events of her life. The images of her father, mother, and a round table represented wholeness and contained a healing breakthrough that was not expected. Her unconscious allowed her to see an entirely different picture of herself which was significantly different from her conscious picture of herself and others. Teresa shared her dream experience in this way:

> In the fourth dream, Mom and Dad were in the dream together and they were saying goodbye. They were leaving and I hated to see them go. They were smiling and waving at me ... I was crying and I just waved to them and let them go.

Inside herself she said:

> I felt a letting go going on within me, and like it was okay ... I was sad and I was crying but it was

> okay and thinking about it afterwards I thought, um, I think this dream is telling me, like I don't need my parents. I can let them go. I can parent myself now.

Letting go of her parents gave her freedom and she said:

> I'm not shackled to this wound or pain any more. That was the goodbye, I mean, the final goodbye and the final letting go and saying okay. You can go now, I'm going to parent myself now. I can do it.

Having let go of her dependency on her parents gave her freedom to deal with the same issue in her religious community with her superiors. About this, she added:

> I think the next breakthrough is this unshackling the parent image that is present for me in lawful authorities. I feel as if I've got kind of a load off my shoulders because I've come to that conclusion and thinking, yeah, that's what it was all these years. I feel like, it's a real freeing experience.

Excitement surged in Teresa when someone else recognized her healing growth. She commented: "I didn't think that somebody else could pick it up but obviously she had and so that confirmed for me that I was because she wouldn't have picked it up otherwise." This affirmation empowered her to be able to say with deep conviction:

> I need to do what needs to be done for myself. I need to do it and not wait for somebody else or expect somebody else to think it or whatever and it's almost like I need, I need to rely on myself ... I have to decide what it is I need. I had to decide to do it, to get it, to do whatever.

Another factor that helped Teresa in her healing process was the support and encouragement she got from others. She said:

> I felt I received support from everybody and the encouragement that I received to go ahead and do this and to stay with what was happening ... my sharing with others, with people at the program and at home and my community members and one of my friends. There were good listeners ... it created an atmosphere of safety and security.

Knowing that others genuinely cared was important in her healing process as she recognized that she needed others to help her heal. As a result of her healing process in therapy, she was able to re-enter the work scene feeling she had gained new skills and new behaviours.

> I moved back into ministry with a greater confidence in myself, with a sense that I have something to give again, with a feeling of hopefulness, with a sense of greater inner strength, with a sense of my own value, with new tapes replacing the old tapes - from 'I'm not valuable to I am valuable. I am worthwhile. I must not take care of my needs because it is selfish to do that, to - I can take care of my needs without destroying others.

Teresa chose the growth stages of the monarch butterfly to describe her process of healing. The darkness of being in an egg is like her own experience of being in the darkness of depression. Changes happen when the caterpillar is birthed, just as there were changes in the birthing of her new self. She is aware of the mask she had to drop and compares this to the caterpillar's moulting. She said:

> "They're moulting and then they crawl out of their skin ... there's a little blob that is left, a little black blob that's just a tiny little thing that used to be the skin ... you can see the markings of where little wings are going to be on the chrysalis and its's a bright green."

She compared the incubation of the egg to her time of depression and darkness in these words:

> The incubation period is the period when I was in turmoil, in struggle, inner struggle, in darkness ... all those feelings of depression and then deciding that I needed to do something about it and getting on it right away by going to see my doctor which is coming out of the egg and getting the ball in motion and then the therapy program is the struggle, the moulting, moving out of all these skins and the face mask falling off.

She compared the input and the help she received in therapy to how the caterpillar eats:

> Like the eating during the caterpillar stages, in a sense eating, not the process, but the suggestions ... taking in the exercises that brought out the pain and the insights and the awareness. By the end of the program, I felt like a butterfly. I mean I moved out into a new life, a new beginning which is a butterfly image. A new start.

"They leave their 'poop' behind." The "poop" of the caterpillar is not unlike the "baggage" she came with and left behind at the end of her healing process.

Teresa's healing process was a painful time, yet she always knew that God was in it with her.

> God was very much present in my healing process in powerful prayer experiences, in some imagery exercises, in the search for appropriate treatment. I see God's presence clearly. I now believe the entire experience though very painful at times was a gift from God, a gift of growth and I also believe that it had to happen. It couldn't go any other way but the way it went ... because of this then I could clear off some of this baggage that I've been carrying and get on with growing, get on with the process of growth and development.

From a journal entry, she shared:

> I feel elated, free from bondage, unbound, inner lightness, like as if an albatross has been removed

> from around my neck and I am feeling unity, wholeness, celebrational, joy, festive, fun. The dream message, the dream affirms that it's okay to feel celebrational and to celebrate.

Teresa ended her story with words that seemed to integrate her healing experience: "I do have something to contribute." What a wonderful phrase of empowerment, independence, self identity and personal authority. I get the feeling of being energized by her story of being healed as a wounded healer. She certainly can celebrate herself as a result of finding her gifts of freedom and wholeness.

5. FINDING VOICE: FROM WOUNDEDNESS TO HEALING

An Overview

> Each person's life story is like a song. Each person wants to raise her voice in song. The wounded healer feels she cannot sing her song because she has no voice. My study shows that healing comes when she is able to find her voice and sing her song (Journal entry, January 28, 1993).

The question addressed in this study was: What is the process by which women wounded healers heal? Now that the women have told their stories, it is time to return to the question to share the discoveries that emerged from the data. This is keeping with Strauss and Corbin (1990) who remind us that:

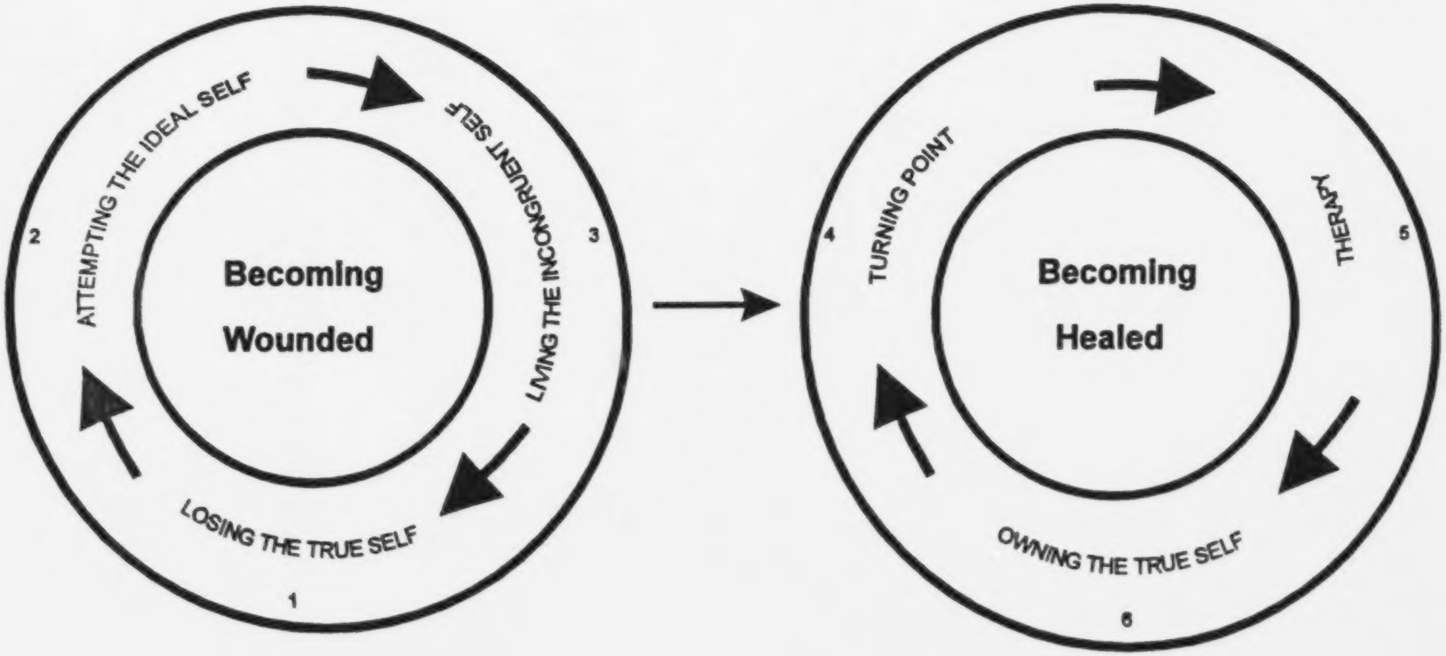
> "grounded theory is an action oriented model. Therefore, in some way the theory has to show action and change, or the reasons for little or minimal change. The core category itself does not have to be a process, much less a basic psychosocial one" (p. 123).

In the case of the proposed theory, the core category, "Finding voice" is the "central phenomenon at the heart of the integration process" and is characteristic of what is often described as a basic psychological process. The theory demonstrates how the various voices came to be, how they are maintained and changed and what that means for the participants. These various voices, outlined within this overview, describe the psychological process which occurs in two phases.

Prior to explaining the process of healing for these women wounded healers, it became apparent that the process of becoming wounded was integrally intertwined with the experience of healing. The process from woundedness to healing is therefore described in two phases and summarized in Figure 1. Figure 2 represents the process of becoming wounded and Figure 3 the process of healing. Numerous efforts to use a linear model conveyed a sense of discrete steps not consistent with the data. The circles imply a less distinct step-like process. When these women find their voice, healing is achieved. What follows is an overview of these two processes. A more in depth description of the feelings and behaviours that accompany this process will follow.

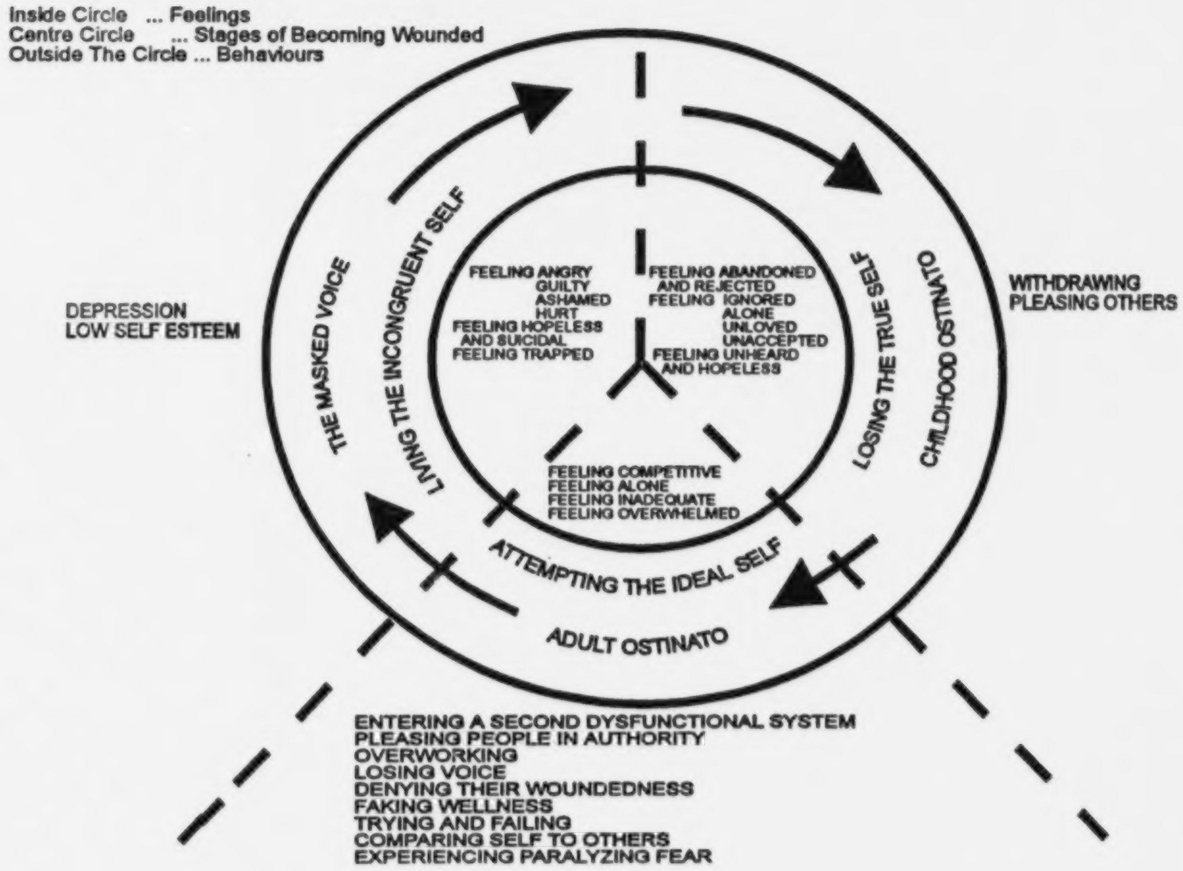
Figure 5.1

From Woundedness to Healing


Becoming
Wounded
1
LOSING THE TRUE SELF
2
ATTEMPTING THE IDEAL SELF
3
LIVING THE INCONGRUENT SELF
Becoming
Healed
4
TURNING POINT
5
THERAPY
6
OWNING THE TRUE SELF

The Process of Becoming Wounded

Figure 5.2


Inside Circle ... Feelings
Centre Circle ... Stages of Becoming Wounded
Outside The Circle ... Behaviours
CHILDHOOD OSTINATO
LOSING THE TRUE SELF
WITHDRAWING
PLEASING OTHERS
FEELING ABANDONED AND REJECTED
FEELING IGNORED
ALONE
UNLOVED
UNACCEPTED
FEELING UNHEARD AND HOPELESS
ADULT OSTINATO
ATTEMPTING THE IDEAL SELF
FEELING COMPETITIVE
FEELING ALONE
FEELING INADEQUATE
FEELING OVERWHELMED
ENTERING A SECOND DYSFUNCTIONAL SYSTEM
PLEASING PEOPLE IN AUTHORITY
OVERWORKING
LOSING VOICE
DENYING THEIR WOUNDEDNESS
FAKING WELLNESS
TRYING AND FAILING
COMPARING SELF TO OTHERS
EXPERIENCING PARALYZING FEAR
THE MASKED VOICE
LIVING THE INCONGRUENT SELF
FEELING ANGRY
GUILTY
ASHAMED
HURT
FEELING HOPELESS AND SUICIDAL
FEELING TRAPPED
DEPRESSION
LOW SELF ESTEEM

Phase 1 - The Process of Becoming Wounded

Using what Strauss and Corbin (1990) refer to as the story line, the scenario of the wounded healer is capsulized in this brief overview. The story line has two main phases, becoming wounded and becoming healed. The theory therefore has two main phases.

The process of becoming wounded has three stages: a) Losing the true self: Childhood ostinato; b) Attempting the ideal self: Adult ostinato and c) Living the incongruent self: The masked voice. These stages are briefly explained below.

Losing The True Self: Childhood Ostinato

The background for the woundedness of the lives of these women is the family of origin where they acquired their earliest experiences of their "true self". This "true self" is inherently based on family values and expectations. Growing up in a dysfunctional system most often leaves the person inundated with negative voices which surrounded her; for example, the gnawing voice of a dominating mother or the demeaning voice of an abusive father. These voices become embedded in the psyche and replay themselves as recurring themes. Just as the ostinato repeats itself over and over again, these negative tapes, played often enough, may eventually produce a low self esteem. In all of this confusion of sound, the wounded healer's own weak voice is drowned out by the formidable voices around her. The stage is set for the life long wrestle with authority and obedience.

The parental conflict of the six persons interviewed was with the mother in four instances and with the father in two instances. With the mother, the intimate relationship was broken early and the person was constantly looking for this to be repaired. Ann's experience of feeling abandoned at conception illustrates the woundedness that happened between her and her mother at the very onset of life. Sarah, on the other hand, felt inadequate and unsure of herself and grew up with the fear of displeasing her mother. Charlene felt she was a burden to her mother from birth onwards. Nicole feared her mother's strictness and learned to find nurturance with her father. With Mary and Teresa, their idealized image of a caring and loving father disappeared when their fathers began to drink excessively.

For the women who told their stories, the feelings at this beginning phase of becoming wounded were ones of:

- feeling abandoned and rejected
- feeling ignored, alone, unloved and unaccepted
- feeling unheard and hopeless

The accompanying behaviours can be summed up in this way:

- Withdrawing ... surviving alone and isolating self

- Pleasing ... pleasing others, seeking acceptance and depending on others

Attempting The Ideal Self: Adult Ostinato

When these women discovered that their true self was not being recognized, they made efforts to replace the 'true self' with the 'ideal self'. This ideal self reflects the feelings of:

- feeling competitive
- feeling alone
- feeling inadequate
- feeling overwhelmed

During this time, the related experiences of trying to be the ideal woman were rehearsed when:

- entering a second dysfunctional system
- pleasing people in authority
- overworking

These women attempted to survive by using these six strategies:

1. losing voice
2. denying their woundedness
3. faking wellness
4. trying and failing
5. comparing self to others
6. experiencing paralyzing fear

Trying to be the ideal self created an inner tension of conflict analogous to a raging storm within, which was masked by an outer calmness. The incongruency within and without led to an eventual loss of their voice. Attempting to please those in authority by being obedient in the pursuit of acceptance was a costly choice.

Living the Incongruent Self: The Masked Voice

These women lost their voice when they tried desperately to imitate and please others to gain recognition, security, and acceptance. Eventually, the voice was masked causing them to experience:

- feelings of anger, guilt, shame, and hurt
- feelings of hopelessness and suicide
- feeling of being trapped

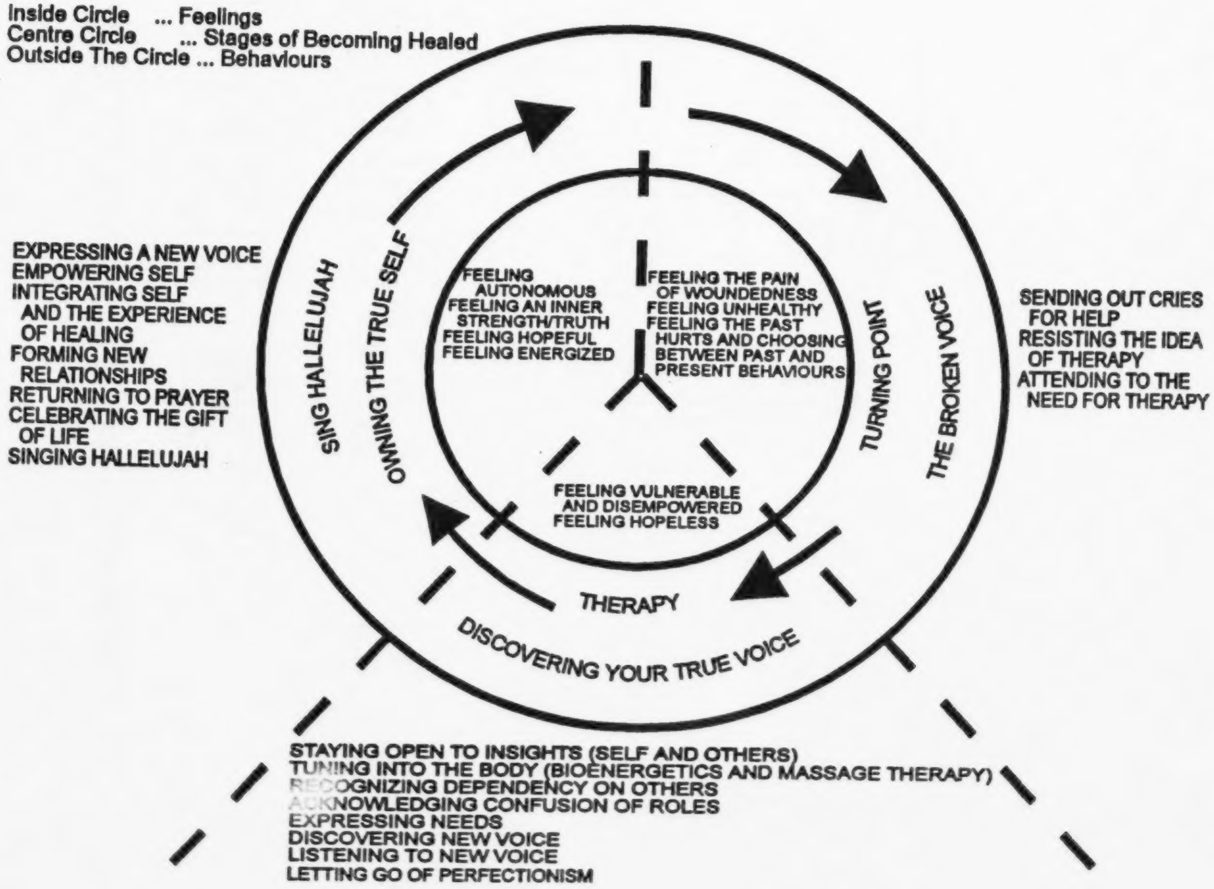
In their attempt to cope with these negative feelings, they experienced:

- depression
- low self-esteem

Trying to choose between the true self and the ideal self damaged their voices and forced them off the performance stage.

The Process of Becoming Healed

Figure 5.3


Inside Circle ... Feelings
Centre Circle ... Stages of Becoming Healed
Outside The Circle ... Behaviours
EXPRESSING A NEW VOICE
EMPOWERING SELF
INTEGRATING SELF AND THE EXPERIENCE OF HEALING
FORMING NEW RELATIONSHIPS
RETURNING TO PRAYER
CELEBRATING THE GIFT OF LIFE
SINGING HALLELUJAH
SING HALLELUJAH
OWNING THE TRUE SELF
FEELING AUTONOMOUS
FEELING AN INNER STRENGTH/TRUTH
FEELING HOPEFUL
FEELING ENERGIZED
FEELING THE PAIN OF WOUNDEDNESS
FEELING UNHEALTHY
FEELING THE PAST HURTS AND CHOOSING BETWEEN PAST AND PRESENT BEHAVIOURS
TURNING POINT
THE BROKEN VOICE
SENDING OUT CRIES FOR HELP
RESISTING THE IDEA OF THERAPY
ATTENDING TO THE NEED FOR THERAPY
FEELING VULNERABLE AND DISEMPOWERED
FEELING HOPELESS
THERAPY
DISCOVERING YOUR TRUE VOICE
STAYING OPEN TO INSIGHTS (SELF AND OTHERS)
TUNING INTO THE BODY (BIOENERGETICS AND MASSAGE THERAPY)
RECOGNIZING DEPENDENCY ON OTHERS
ACKNOWLEDGING CONFUSION OF ROLES
EXPRESSING NEEDS
DISCOVERING NEW VOICE
LISTENING TO NEW VOICE
LETTING GO OF PERFECTIONISM

Phase 2 - The Process of Becoming Healed

The three stages in the process of healing represented in figure 2 include: a) The Turning Point: The Broken Voice, b) Therapy: Discovering Your True Voice, and c) Owning The True Self: Sing Hallelujah. These stages are briefly explained below.

Turning Point: The Broken Voice

The turning point was an impasse in their lives which forced these women to consider seeking professional help to heal their woundedness. The challenge of getting into a therapy program allowed them to get in touch with:

- feeling the pain of their woundedness/feeling unhealthy
- feeling the past hurts and choosing between past and present behaviours

These feelings were seen in the following behaviours:

- sending out cries for help
- resisting the idea of therapy
- attending to the need for therapy

Therapy: Discovering Your True Voice

The places of healing where each went for a period of three to nine months was like a stage where they learned to rehearse and practice a new voice. To acknowledge their need for therapy caused these women to experience:

- feeling vulnerable and disempowered
- feeling hopeless

To discover their new voice, they needed to find ways to express themselves by:

- staying open to insights (self and others)
- tuning into the body (bioenergetics and massage therapy)
- recognizing dependency on others
- acknowledging confusion of roles
- expressing needs
- discovering new voice
- listening to new voice
- letting go of perfectionism

Through trial and error 'trying' and 'failing', each woman discovered her inner voice, the voice of the true self.

Owning The True Self: Sing Hallelujah

The last stage in the process of healing was reclaiming and owning the true self which allowed each one of these women to sing her hallelujah. The feelings that emerged from owning the true self were:

- feeling autonomous
- feeling an inner strength/truth
- feeling hopeful
- feeling energized

These feelings were subsequently expressed in the following behaviours:

- expressing a new voice
- empowering self

- integrating the self and the experience of healing
- forming new relationships
- returning to prayer
- celebrating the gift of life
- singing hallelujah

The journey of healing was unique to each woman. However, there appear to be at least two common experiences. These are:

a) breaking the silence of their woundedness and

b) finding voice, an expression of their healing.

6. THE PROCESS OF FINDING VOICE

Being the oldest or youngest, feeling the loss of a parent's love, and not feeling accepted contributed to these women feeling abandoned and rejected in their family of origin. These same feelings followed them into their adult years where, when their needs were not being met, they compensated by overworking. These cumulative circumstances contributed to their broken, veiled, masked, or shadowed voices creating an abnormal inner tension which led to an eventual loss of their voice. They lost their voice when they tried desperately to imitate and please others to gain recognition, security, and acceptance both in their family of origin and later in their religious congregations. It was the combination of these voices that contributed to the woundedness of the women in this study. This loss of voice is described before the process of healing.

The Process of Becoming Wounded

Part 1 - Losing the True Self: Childhood Ostinato

Feeling Abandoned And Rejected

One factor that hinders development of children is being part of a dysfunctional family. In these families, it is often the female who assumes responsibility for nurturing the parents and for maintaining a peaceful family unit. Over time, these children lose their ability to generate self-esteem from within. It is as though they have been exiled from their inner life in order to find fulfilment on the outside. When their needs continue to go unmet, they lose sight of who they are as individuals. Five of the women interviewed shared that they came from what they would describe as dysfunctional families.

The background experience of early childhood days of feeling abandoned and rejected is illustrative of the ostinato heard by Ann, Teresa, and Charlene.

Ann recognized her unresolved family of origin issues coming from a generational history of being rejected and abandoned. This prompted her to say:

> I started to get in touch with this generational history because of what I experienced in the womb. When I was conceived, she was not present to me emotionally because she had been either denied or abandoned emotionally by her mother.

In our second interview, Ann shared this pain of not belonging: "... the pain of nothingness, emptiness, feeling like a zero, feeling like I'm not here. I don't belong... Like abandonment is very powerful, very powerful and abandonment, it can happen ... the very primal experience of not being received."

In a similar way, Charlene who was the youngest of ten children in her family felt unwanted and abandoned at birth. She described her experience of growing up in her family.

> I felt abandoned and grew up feeling a burden in a way. My mother's reaction to me made me feel that I was a nuisance. In fact, I've always had an attitude of needing to apologize for being alive, not giving myself the right to be and trying to make myself invisible and at the same time starving for love and attention and these two contradictory forces have been a continual battle within me.

As a result of growing up in her dysfunctional family, Teresa blamed herself for her father's drinking. This caused her to struggle with her early childhood label of "good little girl". As a child, her response was: "I have to fight. I have to do things that maybe I don't like doing and I maybe will get the label, 'I'm not a good little girl' any more."

When Teresa's father began to drink, she felt the pain of this loss. She shared this loss and woundedness.

> Wounded or woundedness for me - it's the damage that results due to the absence or loss of that which is necessary for human development, growth, wholeness. For me, that was the loss of a nurturing father in my teens. That was the major wound.

Teresa talked about this wound again when she shared from her journal with me. She read this:

> I discovered he had feet of clay. He fell from the pedestal I had him on. I lost my father. He was not the father I had known and loved. He was not someone to be proud of but ashamed of. I felt he no longer really cared about me ... I felt abandoned.

Feeling Ignored, Alone, Unloved And Unaccepted

As I listened to these women tell their stories of healing, I heard their loud and painful cries of not being accepted as children. This seemed to come from feeling a sense of being ignored, alone, unloved, and unaccepted during their early developmental years. Ann was not received at conception and felt she did not belong in her family. Nicole, Charlene, Ann, and Sarah felt ignored and unaccepted by at least one parent.

Sarah grew up with an angry mother who ignored her needs as a child. Her mother led her to be cognizant of seeking ways to please her and eventually others. Sarah was somewhat more efficient in doing housework than her mother and this caused much tension in their relationship. Consequently, Sarah looked for new ways to be helpful to avoid being a threat to her mother. Her battered self-image and sense of insecurity kept her from initiating changes on her own. Not only is she undergoing a personal rejection of herself, but also she seems to be experiencing interpersonal rejection causing her to deny her need to be loved and accepted.

> It's wrong for me to be successful and enjoy it. There are many things that I do or feel like doing that make me feel bad, you know, evil, wicked, perverse, sinful, whatever the term may be, that there are just some things about me that are just very bad and so it's important that I not let those bad things out, the bad things like needing things or wanting things or even wanting attention.

Ann shared her feelings of aloneness when she explained:

> Like I felt like I was alienated with other people. I was on my own, like a stranger ... I don't belong. Where is home? You know, it's more than loneliness ... I think alienation ... you're on your own and you cannot function.

Not being accepted in their families of origin caused deep wounds and the scars remain. Added to this, they did not have good role models to help them achieve their own self-acceptance. The fact that they did not receive the love they yearned for and needed was interpreted to mean that they were not worth loving. Moreover, they believed they were devoid of all feelings of love, that they were totally incapable of loving and being loved. In a way, they are as Baars and Terruwe (1976) note: "suspicious of every token of affection and if somebody is kind to them and cares for them, they continually doubt whether that person really loves them" (p. 32). Not feeling accepted in their families of origin caused some of these women to believe they were also unacceptable to others.

Sarah who was convinced she was a bad person and undeserving of others attention was amazed when other persons did accept her brokenness. Likewise, Charlene was both surprised and grateful to be accepted by her superior when she related the truth of her woundedness. Ann, on the other hand, was unable to accept herself because she was emotionally enmeshed with her mother - "I was my mother." When she was able to cut the umbilical cord she discovered she had feelings of her own and that yes, she did matter to herself. Finally, Nicole who feared her mother's strictness, articulated the on-going rejection and loss of one parent in this way:

> And mom was very strict so, and how many times did I run to dad to tell him that I broke something. I just left the whole thing there and I ran to dad and he said, 'Did you tell mom?' I said, no, and I was crying. So he had to come with me to tell mom. I just couldn't tell her and she was really sorry I was not open to her, but to me, she was too strict. I was afraid of her.

Feeling Unheard And Hopeless

When Charlene was six years old, living on a farm, she and her family experienced a cyclone with high winds, rain, and hail. The whole household was in an uproar and everybody was frightened. A window had broken upstairs. There was a lot of hollering and screaming. Charlene ran up to her mother because:

> I was afraid and she just pushed me out of the way and I think she must have said something like 'get out of the way' or something because I remember standing in the corner, this, I remember this dark, pitch black ... just thinking I'm in the way. I'm a burden. I'm nothing but a burden. I want to die.

Charlene's insight about herself as the voice that went unheard surfaced in a dream. She recognized herself as the lamb.

> I came to the conclusion that the rat must have eaten the lamb and that was really sad because the lamb didn't even cry out for help, just died and it died in silence. That was the end of the dream.

These women coped with these feelings by withdrawing and pleasing others.

Withdrawing - Surviving Alone And Isolating Self

The experience of isolation was experienced emotionally and socially. There was a sense of not being connected to others, feeling alone, uncared for, and an inability to express some of their basic needs.

Ann's abandonment at birth was her core issue. Being abandoned at the age of three caused her to withdraw and learn how to survive on her own. She shares her experiences this way:

> ... the one which preceded the abandonment issue, the very primal experience of not being received. They're very close and then the abandonment issue was when I was left in the hospital. I had been to the hospital as a kid a couple of times and I guess this time ... I made my father promise he wouldn't leave me there. You know, not only did he leave me there, he didn't come back to see me ... He didn't come back to say good bye ... I was three years old and I knew that I had to depend on myself to take care of myself on my own.

Later, she talked about how she felt isolated and alone when she was among her friends.

> I made friends and I socialized ... but somehow in the middle of all that I was experiencing, I was really lonely. To see someone who was people oriented, responsible and fun, was a leader, was involved in many groups but what I can't explain to you is that I was my own person in a way that was almost alone.

When Charlene's mother rejected her at the age of six, Charlene decided she would take care of her own needs.

> All of a sudden I realized this isn't a good attitude to have. I'm going to live. I'm going to live. Yes. I'm going to live and I'm not going to ask for anything again as long as I live.

As a child, Mary tried to please others by doing nice things for them. When others did not notice her good work, she felt hurt. As an adult, she found she was afraid to share honestly with others in case she hurt their feelings. She shared the fear she experienced in her efforts to stay connected with others: "I'm so sensitive that what I would say about someone else ... like the feedback might be offensive and it might hurt someone and I don't want to hurt anybody 'cause I'm so easily hurt."

Pleasing Others - Seeking Acceptance And Depending On Others

Teresa realized that she no longer wanted to be pushed around by others. She wanted to make her own choices and wanted to be in charge of her life. She was tired of pleasing others and complying to their expectations.

> I will not be pushed into it if I can help advise somebody else out there. Sure it would be a lot, and probably I've done this all my life probably. You know, try to please the powers that be ... to win their approval, to win their love, not to rock the boat, to be a good religious, to carry my load and more than my load at times. I will be approved by the powers that be to my detriment, to violation of myself.

When Charlene got pregnant, she was fortunate to find someone who accepted her and on whom she could depend for her needs. Her experience of being accepted resulted in her wanting to share:

> Luckily, I was able to find a place in the States to stay at a woman's place, who was going to be looking after the adoption ... I was getting this care, I was getting the attention. I was getting this love from the woman I was living with and counselling and getting love from her friends and her very best woman friend, a married woman, her brother worked for a car dealer. They even arranged to get a car for me. I couldn't believe everything that they were doing for me.

In a recent letter from Mary, she shared with me how difficult it was for her to return to her community after therapy. Community members did not welcome her back the way she had hoped they would. Her community was not taking the interest in her that she expected. She expressed this in her letter:

> I find it frustrating at times that most people do not really want to ask, 'how are you' nor do they seem to care a lot. Perhaps they are unable to deal with psychological illness. I received much support and affirmation but people seem afraid to ask about my program. When I had heart surgery, there were lots of questions, but not now ... It's just an observation for what it is worth (Letter - dated February 22, 1993).

Part 2 - Attempting The Ideal Self: Adult Ostinato

The ostinato continued into their adult years and was reinforced when these women entered their religious communities. The negative recurring thoughts of: "I'm not fit for religious life;" "I'm hearing that I should think about exclaustration;" and "I don't belong with this group either", were heard over and over. When these women discovered that their true self was not being recognized here either, they quickly replaced the 'true self' with the 'ideal self' once again.

Their unresolved issues from early childhood had a deeper impact on them as adults than they realized. Teresa described how she carried her unresolved issue with her father into her adult life for at least thirty years.

> When I look back on my family of origin, I can hook in to all the issues I'm working on now stem out of that. I lost my father as a young child, so there was grieving going on ever since then. This is a very key issue here because I carried this all my life.

Later on, she added: "I moved into religious life... I knew something around authority and religious life was connecting back to my father." In our second interview, Teresa strengthened the belief that family of origin issues continue to be reinforced in adult years. She says: "Like if there were any traumatic experiences that you had lived at home those things were certainly highly reinforced in religious life."

There is a sense that Ann's ability to recall her experience in her family of origin helped her to trace the root cause of her eventual breakdown. Her theme of abandonment permeates her story. Added to this, Ann developed a strong dependency issue with her mother. She shared that she did not even have to make decisions as she was usually informed as to what she ought to do by her mother. Religious community, as well, reinforced this attitude of reliance on authority rather than on an empowerment of herself.

> I came to my spiritual director. I didn't know what to do with this, so I think this is what I'll have to do. That's what I mean by being a loner. I made all my decisions myself and I was so totally inexperienced in bringing a personal concern of mine to someone else.

Feeling Competitive

Some of the participants struggled between equality and superiority at the same time, producing an impossible double bind. They discovered that it simply was not possible to view people from a frame of reference based on a competitive hierarchy and at the same time feel equal with them. There is a desire to fight these social pressures.

Charlene shared her feelings about competition from her journal entry: "Oh, God, I'm tired of being alone. I need to know that I am lovable and can love others in return. I'm tired of women setting themselves up for competition."

Teresa sensed the need to compete with others to maintain her relationships with others. She resented this expectation.

> Relationships for one thing, and overwork, a fatigue resulting from misunderstandings in community relationships, trying, resisting, I think. Resisting other people's picture or image of community relationships ... I was being forced into striving, into measuring up to somebody else's standard of intimacy.

Nicole is tired of competing with others in her work especially, because she feels there is more to life than work. Her solution to this is: "To take care of myself, I go swimming every morning and sometimes I go walking. We are not indispensable. Just go ... we want to be so perfect ... we want to save the world."

The excessive demands to be perfect and to compete at all costs interfered with healthy self-esteem. Instead, competitiveness encouraged discontent and unhappiness for these women. Sarah found herself competing with her mother as a child. "I was making her feel bad by doing her work better than she did or by doing something that made her feel like she wasn't being a good mother." This struggle to compete with her mother seemed to contribute to her confusion about her own self worth as an adult.

Feeling Alone

Ann's feelings of being alone continued into her adult years. With a deep sigh in her voice, she shared: "I guess I'm hoping there will be a time when I can be really be comfortable and say: 'You know, I'm one of the group'."

Sarah is aware of her interpersonal relationships with her family members and was prompted to share her shortcomings and sense of being alone.

> I have one brother out of the ten that writes to me, you know, and his isn't any deep, profound thing but he writes. He keeps contact with me... Alone. Bad in some ways because I'm not one of the family.

Nicole expressed her feelings of being alone when she was in therapy: "I feel alienated, foreign ... I don't belong with you any more. There was the feeling that was strong and I said that many times and it was kind of associated with that getting insane."

Feeling Inadequate

A contributing factor to becoming wounded was feeling inadequate and/or unprepared for jobs that these women were asked to do by those in authority. Finding words to communicate these inadequacies was difficult. Not being heard was even more devastating for some.

Charlene's feelings of inadequacy are expressed here:

> I got into vocation work and then I realized I didn't have enough background in it, more than I realized that when you're journeying with people, there's a lot of counselling involved, spiritual direction and I didn't have the background for that.

When she asked for time off to prepare for this new ministry, the response was:

> You're only to be with the people that are coming and you're expecting too much from yourself as if I, I was saying that, I was making more of the job than what was really there. Like they just expected me to be nice to them, I guess ... I was very confused so I said, well, what is the job description?

When Nicole was asked to assume a leadership role within her community, she stated that she felt inadequate and unprepared for the task. These were her words: "I felt inadequate, not ready for the job and not prepared and I didn't have enough experience." Some of the contributing factors to her woundedness were: "inadequacy to my job, decisions to make and I felt that I was not prepared ... I was just overwhelmed by the job."

Feeling Overwhelmed

Nicole felt overwhelmed at taking on the job of being leader and says: "It seemed that I was just overwhelmed by the job."

Ann had to admit she felt overwhelmed as she was heading towards her breakdown. After being part of a natural disaster, she stayed on to help the people nearby put their lives back together. When her fatigue took over she admitted:

> I had helped the people for about six months following the disaster, in a prayer group, so there was healing. God's grace was very much at work while I was in this. I learned that I was not an observer, I was one of them. I had to admit I couldn't continue with the prayer group.

Entering A Second Dysfunctional System

Unconsciously, these same women entered their religious congregations as dysfunctional individuals. They had not for the most part resolved their family of origin issues. Their level of self-acceptance was low and this triggered a lack of self-confidence. When they came face to face with adults who were in authority positions, their previously learned patterns of behaviour surfaced again as they attempted to please the person in the authority position in their religious communities through unhealthy obedience. For many, this generated anger that did not get expressed. Furthermore, their compliance to authority created an adult-child relationship. Unauthentic understanding and application of obedience by those in authority created another dysfunctional system for these already wounded and somewhat helpless individuals.

Pleasing Those In Authority

The power struggle between those in authority and these women provoked their desire for wellness. The battle to find balance in this struggle is heard in Teresa's words from her journal entry. She notes some parallel behaviours with her father and with those in authority positions in her religious community:

> Throughout my religious life, I have been striving to earn the love, the approval of those in leadership. I substituted them for my father by being a good religious, trying to please those in leadership, not making waves or demands. It was the same dynamic as with my dad. I was carrying my

> load and at times more than my load. I was striving to recover, to find the nurturing that dad did not give me. I do not trust that those in leadership will nurture me as a person. I have to be responsible for me, my nurturing, my self-care, and my parenting.

Nicole, on the other hand, acknowledged that she obeyed the rules simply to please others. "There were a lot of laws that I was abiding by to be pleasing to people and not to hurt people." This same response to please others returned when she went for therapy. She commented: "I came to be healed and I'm willing to do anything they want."

Mary was also willing to please others so that they would like her. Her response to please others is through what she does in her work: "I became a workaholic. I'm a number two on the enneagram so I'm a people pleaser so the more I do, the better people are going to like me."

Sarah was unable to say "no" to others because she felt she would not be accepted if she was not pleasing to others. As a child, she learned to be pleasing to her mother to avoid her mother's anger. The pattern of pleasing other adults was one way to be liked by those around her. About this, she declared: "I got a very strong sense of having no value unless I could do something to help or be there for someone else."

Charlene showed how she pleased others before herself by shifting her teaching hours to accommodate another person. Her attempt to please others is articulated in these words: "I can arrange my lessons according to your needs. I will not teach at night. I can teach during the day and you can still have that room at night."

Overworking

It may be the obsessive-compulsive aspect of perfectionism that drives these persons to overwork. Constant pressure led to exhaustion and eventually to a distaste of their ministry and finally to poor performance. This was the point of entry into the healing process for these persons. Teresa expressed her sudden drain of emotion and loss of energy when she shared:

> I was getting very tired at work. I was fatigued both physically and mentally and emotionally at work. When I get physically exhausted and tired then it seems that the rest of me kind of disappears too. I lose my buoyancy and everything's a chore. I don't have the energy.

Sarah illustrated how she overworked to compensate for her feelings of being unwell. Even when she knew she needed therapy to heal her wounds, she denied this need by burying herself in work to avoid facing herself and her woundedness. She recounted her agreement with her therapist in this way:

> We agreed that I would go back and renegotiate for fifteen hours of work and five hours of driving. This would be a part-time thing. I think at the most, I clocked it one week, it was ninety hours of work and twenty hours of driving ... I was not able to say "no", was not able to do things so I'd take care of myself.

Later, she described her inability to care for herself.

> I not only took over the administrator's role, but I also became the maintenance engineer for the household, the only contact person for all the places and the person who ran the six children's programs.

Nicole explains how she had to work through a lot of anger towards her community because as she stated:

> "we were used and abused... Like we used to be in meetings for eight hours, you know, start at eight, finish at four, big business, financial and I used to say what am I doing here? I think we are so job oriented."

Charlene shared a similar experience:

> I went there with a lot of anger towards the community because when I was asked to become vocation directress, I was in a situation where I was doing too many jobs as it was and when they first asked, they wanted me to do that besides everything else I was doing.

The cacophony of these voices was harsh and hurtful. The section on ostinato reveals the impact of these voices on the wounded healer. Not knowing which self to choose, the true self or the ideal self created an inner tension causing them to experience a broken voice that left them feeling hurt, alone and unheard. To compensate they learned to mask their true self and their needs.

Losing Voice

Nicole shared briefly her loss of voice: "You cannot share, even if you share there's no words that could express what you feel."

In another way Charlene expressed her loss of voice and the accompanying fear she experienced.

> I became very invisible and I find it very difficult to speak in a group ... my voice will drop or I'll get stuck here in the throat and even in massage the other day all of a sudden I knew my throat was closing ... then I'll get in touch with the fear and I'll want to scream, but there's not, nothing comes out and I'll lose my voice.

Teresa felt her voice was unheard and lost when her superior asked her to get back to work after her healing program. She shared her frustration: "I was hurt. I felt hurt because I wasn't being heard and I wasn't being listened to and I wasn't being given a chance to do what I felt I needed to do for myself."

Denying Their Woundedness

When Sarah felt her woundedness, she knew she had to quit her work to take time for healing. Instead, she chose to take on more work. Work seemed more important than healing and it was a place for her to hide. She explained: "When we were looking at the future of the centre that I was administrating and I was trying to figure out how I could live long enough to take care of the centre and meet its needs." Prior to going to a residential treatment centre, Sarah engaged in therapy for about ten years. She shared this comment: "I ended up dealing with the on-hand situations and not my problems."

Nicole spoke briefly about her feelings towards healing. "I was defensive, aggressive, sad, and elusive."

Charlene denied her fatigue when she said:

> The other person I was living with was the principal of the school and I just sensed that she was doing more than she could handle. Her nerves were really bad and so when the housekeeper was away that meant I was looking after the meals. We had mass in our house every day so I was looking after the sacristy. I was looking after the books. I was looking after the annals and doing full-time teaching. I look back on that now. I wonder how I did it.

She herself did not realize how wounded she was: "I realized I needed counselling. I myself didn't realize that the wounds were that deep that I needed residential care. I wasn't aware of that at the time."

Even though Mary recognized her woundedness, her tendency was to place her needs behind those of others around her who were also suffering and hurting. Her woundedness affected her feelings and her ability to do her usual tasks.

> Like I'm always sort of projecting into the future where I think it would be much better for me if I could just stay with today and put all I have into this particular class or session or whatever.

She did not listen to her body telling her to slow down. This was evident here:

> I kept an awful lot of stuff inside me so around Christmas time when I started having the angina pain, I didn't know what it was till February ... I'm very intense about work. I mean when I work, I work. I belittle my suffering.

Even once she was at the place of healing, she continued to minimize her need for help.

> The first month was terrible. I hated everything and everybody. I thought there was too much group stuff. I couldn't see the integration of the program. I had an open ticket and I wanted to go home everyday the first month.

Faking Wellness

Most of the women denied their need for help while others faked wellness. Sarah's story illustrated how she faked wellness. "I waited probably four months thinking I was all better and would be able to function all right and it wasn't working. The depression became more acute." This motivated her to admit her frustration of not feeling healthy.

> After about a year and a half, I went to the head of our community and said ... I'm tired of seeing people and I'm seriously thinking of leaving because I'm obviously not fit for religious life.

She also tried to fake wellness with over-the-counter drugs to mask her unwellness.

> I've either binged, eating all the wrong things, not taking care of my health, taking too much aspirin because I have all these headaches and not doing something about the cause of the headaches rather than trying to mask them.

When Nicole returned home after eight and a half months in therapy, others did not really understand the impact of her healing experience. Instead of finding time to process her experience and ease back into her usual life patterns, she was asked to get back to work almost immediately. She felt unwell, yet thought she had to adhere to what others expected of her. Her feelings of incongruency are heard in this comment about herself: "When I came back, I started to work. I was working even if I was not well."

Trying And Failing

The culminating effect of the strategies that these women employed in their attempt to heal was an intense cycle of 'trying' and 'failing'. This process was comparable to that of a singer being forced off the performance stage. After many efforts to avoid the impasse, they found they could not continue to deny their need for help.

When all their beliefs about their background, the tensions of their circumstances, and strategies came together a loud cry for help was signalled as it was now impossible for them to continue their lives as wounded healers. By this time, they felt immobilized within themselves, in their work, and in their living situations. Some were able to speak about their wounds while others needed someone else to voice their woundedness. Teresa's story showed how she began to voice her need for therapy:

> For me, the key was the recognition that something was wrong. I needed help from somewhere. I was ready and I wanted to be healed. There was fear attached to it because I did not know what was going to come out ... I plunged in and just swam right away instead of stalling and resisting. It was a combination of overwork, fatigue, and misunderstandings in community relationships.

Comparing Self To Others

Mary shared how she compared herself to others when she said: "To hear someone else's story and what I find often is that when others share their stories that their conditions are much worse than mine ... I shouldn't even be here because my problems aren't that bad." A few sentences later, she commented:

> When I was in the psychiatric ward, I felt that way too, that I was taking a bed from someone else ... There are a lot of people on the waiting list and when I hear of the stories of the people who are here suffering, I think mine is nothing.

Owning her need for therapy was not easy as she explained: "It's accepting the truth about myself because if what I find is not what I like then I'll feel even more inferior. Maybe more depressed."

Experiencing Paralyzing Fear

Despite the denial of their woundedness, there was a deeper feeling of fear that raged within some of these women when they recognized their physical and emotional state. Nicole shared some of her fears as she progressively felt her woundedness taking over.

> The main feelings were fear ... I was afraid of darkness. Like I couldn't go upstairs alone. I was afraid of being alone. I always wanted people ... I was afraid of the unknown. It was kind of a blind date. I didn't know where I was going to go.

A few sentences later, she expressed a deeper fear. "I was afraid to go down forever, like going to hell. There was no other chance. It was finished."

Sarah shared her fear of potential consequences if she were to admit her woundedness.

> I've grown up all my life not being afraid of the bugs and the snakes and the bats and the whatnot ... I'm not afraid of storms but now I'm finding that it's everything else I'm afraid of, all the inside stuff, that so much of what I do and how I act is done out of fear, fear of how I feel, fear of what others think about me, fear of what the consequences of a personal choice would be. It's just one big fear after another.

Part 3 - Living the Incongruent Self: The Masked Voice

Trying to please others while neglecting their own needs was another way that these women experienced being wounded. The feelings that resulted were: anger, guilt, shame, loneliness, hurt, anxiety, hopelessness and for most, suicidal feelings.

Ann shared her incongruency and how she attempted to mask her real feelings by hiding her painful losses.

> When somebody comes up and they share something they might share it rather lightly and I recognize myself in them because sometimes I have shared it almost heroically like I've gone through all of this before I knew this or something like that and it's a great story to tell but I'm still not exposing my vulnerability in that story, telling of how I was hurting, how I was feeling. They've never seen me cry over the natural disaster ... so if Ann is coming out strong, they're not going to affirm me in that crisis.

Feeling Angry, Guilty, Ashamed, And Hurt

Anger often results from the experience of conflict, disappointment, rejection, loneliness, and loss. Some of the participants directed their displeasure and antagonism towards others around them. Others directed their anger inward.

Charlene verbalized some of her anger with a sense of self-reproach.

> I was angry on the outside and showing it in some ways but also turning in, becoming depressed over it... I didn't get that anger resolved really because I felt I was laughed at because of my anger with how I perceived it all.

In her exhaustion, she reflected:

> Here I am thinking I had to fight every inch of the way for this and really I didn't care what happened to the community. I didn't care what happened to myself. I was so angry, too angry and I didn't realize at the time how angry I was ... I knew I was very exhausted.

Teresa's negative feelings of anger resulted from relationships with persons in authority. She felt angry with those who expected her to respond in the same way that they did. Whenever she became angry, she withdrew. "I would get angry, and then I'd withdraw. I'd do the same thing as what I had done with my father and it's very clear that that stuff was happening, that same dynamic was happening."

In order to not feel guilty, Mary decided to go along with what others suggested for her. "I felt if I did not come and if I did not get better where I was that I would feel guilty."

Sarah found it hard to understand that others did not feel the shame she did about her woundedness. "I have found it very disturbing here to have someone tell their brokenness and not be ashamed of it."

Charlene shared her shame when she realized her need for therapy.

> I had a hard time accepting that and it just made me more depressed and more in myself not wanting to go and see anybody while I was home because I was so ashamed of the fact that I had to go for treatment so it wasn't on my own volition.

Charlene felt she had no right to grieve the loss of her child until she got rid of her shame and guilt. She said: "I have the shame and the guilt. Until I get rid of the shame and guilt, I won't give myself the right to grieve."

To deal with her shame, Nicole buried herself in work. "I took extra work because I asked to do it. I was living in a daze. I didn't sleep properly, didn't eat properly. I was ashamed of myself."

Nicole shared her experience of hurt in these words: "... deep hurts coming from the core of my being ... that was hurt and wounded and pain, a lot of pain."

When Sarah thought about getting in touch with her inner child, her fears surfaced. "I don't want to get to know the inner child. She hurts. She's in so much pain and if I touch her, the pain is mine again and I don't want it."

Unlike Sarah, Teresa was relieved to have the opportunity to heal her hurts in therapy. She recalled the experience of her healing process and articulated the relief she felt once she unloaded some of her painful baggage in therapy.

> It was painful because I hit some stuff that was really hurting ... but there was also a relief about it because I knew then some of the stuff, baggage that I was carrying around was getting cleared, sorted out, understood, and then I could do something about it. It wasn't sitting on my unconscious all the time and making me do things that I didn't know why I was doing.

When her voice was not heard, Teresa felt hurt.

> I was hurt. I felt hurt because I wasn't being heard and I wasn't being listened to and I wasn't given a chance to do what I felt I needed to do for myself ... and I felt my value was to bring a cheque home.

For Teresa, woundedness is connected to hurt and pain. She said: "The hurts and the pain are inflicted on people that leave scars."

Feeling Hopeless And Suicidal

When Nicole recognized the intensity of her woundedness, she said: "There is no hope. It was all a finished thing." In another interview, she shared:

> I wanted to kill myself many times and I was on antidepressants at the time and I remember I put my pills outside of my bedroom because I was afraid that I would get up and take the whole bottle. In the morning I would get up and I would say, 'Oh, it didn't happen. Oh my. One more night'.

Sarah felt the world would be a better place without her and was surprised when others accepted her as she was. She said: "It was next to impossible for me to say any good about myself when I contemplated suicide more and more and more frequently." However, when she shared her woundedness she was surprised that others listened and accepted her. "I feel like I should not exist, that the world would be a better place without me and that everybody's still talking to me. It's like they heard it and they still are talking to me." She felt that if she could understand herself and accept herself then she would not: "have to find it so hard to live or want to live even and that's been really hard. I would never commit out and out suicide, you know, slashing my wrist or whatever."

Self-hate made some of these women think that being a wounded healer was intolerable. These intense feelings caused Mary to feel depressed and anxious.

> I was full of fear. I felt like I might die that night and then when I got right into the depression I wished I'd die. I would never arrange suicide but I wished I would die cause it was so bad, that depression and anxiety together.

The above feelings were expressed in their behaviours. All of the participants experienced severe depression and most developed a low self-esteem which led them to want to withdraw from friends and family.

Feeling Trapped

Some of the women felt trapped in their situations and wondered how they would survive. In some instances, the unhealthy environment caused them to feel even more helpless. Teresa felt trapped and manipulated in a troublesome relationship and she feared this could happen again. She also felt trapped by authority figures at times when their expectations were different from her own. She observed:

> That person, like when I go near her now I still want to, you know, just push her back and say, 'don't come too close', so it's still there ... I guess I'm protecting myself ... I guess I'm leery of that developing again or even being manipulated into that situation.

When Teresa finished her therapy program, she felt the urgency to hurry back to work. This pressure was coming from the person in authority.

> She wasn't hearing. I said, I need time. All I'm

> asking for is give me time to find what is suitable for me ... what I was perceiving ... was that the important thing was to get a job and earn a wage.

Charlene felt trapped and snowed under in her work, and was unable to get her message across to those in authority. Not only did she feel trapped in her own work, she felt conned into doing the work of the housekeeper.

> I had mentioned to the superior that I was getting snowed under and it would be good if somebody could come and look after the housework in the house because I was a music teacher, so that meant that my work was right in the house, the music room was right there.

Sarah explained how trapped she felt in therapy. She said: "Everybody knows everything ... the whole staff knows you ... not being able to escape from it."

Depression

Nicole's experience of depression allows the reader to hear what this was like for the wounded healer.

> It was very dark ... I was just spinning and spinning and spinning ... I couldn't get back to where I had started and I couldn't get out. I was just caught in the middle so it's very uncomfortable and very scary and it remained for three years but each day was so long ... when you're not well it's just an eternity and there is no way out. That's what I felt.

She eventually said: "I became kind of like a zombie." And in our second interview, she elaborated further by saying: "I was not sleeping. I was eating very poorly. It seemed that I wanted to punish myself. Since I'm depressed, I'm going to be depressed."

Ann related her experience with depression this way:

> I go through the ups and downs and in the down times I'd like to stop, I'd like to quit, I'd like not to have these concerns ... if I'm really depressed it's like I don't really want to live, I don't want to exist any more, this is going to take forever.

Physical ailments were Mary's first warning signs that something was not right. She was diagnosed with angina first then:

> ... in June I got really anxious and very depressed ... I was discouraged but in a few sessions of therapy the lady that was working with me said that she thought I was severely depressed and I should really be hospitalized because I kept running back and forth. It was a 50 mile distance to the doctor and the medication wouldn't work ... I was losing lots of time and I was getting worse.

Charlene was already showing signs of depression such as not sleeping properly and crying for no reason. However, when it was suggested that she should go to a residential treatment centre for help, her response was: "That shocked me and even made me more depressed and I thought to myself, am I really that bad ... I had a hard time accepting that and it just made me more depressed and more in myself."

Sarah's depression went on for over ten years. Her depression inhibited her decision making ability to make good choices for herself. She expressed her experience of depression this way:

> It was getting to the point where I couldn't read. I couldn't do the music that I loved. I couldn't do anything. Making a good choice for myself whether it be getting the right amount of sleep or going out for a walk, none of these were possible choices for me any more. It became impossible to do so if I could just get rid of enough of the depression to make good choices, and then, now I

> know I need to know what those good choices are because I don't know what those are. I know now I need to come to know who I am and I need to know that.

Depression was an early warning sign for Teresa that told her that she needed help. She observed: "I was in a depression and the dissatisfaction, like there was a restlessness within me and a dissatisfaction with the way things were, that there had to be something better than what I had been experiencing."

Low Self Esteem

Charlene's attitude that she should be apologizing for being alive has followed her through most of her life. She has consistently felt like she is a burden to others.

> I know there's been things back in my early, early childhood that I need to look at and I knew that all along because I've always had this terrible attitude of apologizing for being alive, kind of wanting to be invisible and feel a burden and that hasn't ever left me.

Nicole minimized her self-worth when she said: "You see how stupid I am. I'm not well enough to decide anything. But it just happened that it reversed again and I was well."

When I interviewed Sarah the first time, she seemed determined to not get better. She felt that healing was impossible for her to achieve. She declared: "You're not good for your community and this program here. You're a lost cause kind of thing and also I think part of it is the depression saying, there's no way this is going to work out." Her poor self-image made her want to trust others more than herself. She felt unacceptable and unpleasant. She voiced her perceptions of herself in these words:

> I have a very poor self-image and have a sense that who I am is not acceptable or pleasant or even presentable to other people and so I try to be whatever kind of person they would find acceptable, that they would not mind having around.

When the singing voice is abused by overuse and strain the result can be a breakdown of the vocal apparatus. The mistreatment can happen as a result of poor singing technique, which would demonstrate itself in damaging vocal habits such as singing without proper air support, or singing too loudly by forcing the tone. Comparatively, life's circumstances and background experiences can cause a personal depletion of resources and eventual breakdown. When one has continually tried to live out of a fragile self image without proper warmth and support of a loving atmosphere around her, the result can be very destructive. It was this breakdown of resources that led to an impasse in the progression towards healing for these women.

This is the Turning Point, the impasse of a broken voice, where one must rebuild a healthy voice to allow the pain and hurt to be cried out. Here the singer is forced off the performance stage to allow time for rejuvenation, rebuilding, reconstruction of a broken voice. As the voice rebuilds itself, it takes certain ups and downs. There is an anxiety in the rehearsals because not all attempts prove successful. Trial and error is involved. In the attempt to heal their woundedness, these women were forced to quit their jobs, and five of the six left home so that they could heal their woundedness and rebuild their voices.

I will lead the reader through the process of healing using the voices of the women wounded healers, exposing their feelings and behaviours as they experienced healing.

The Process of Becoming Healed

Part 4 - Turning Point: The Broken Voice

Feeling The Pain Of Their Woundedness: Feeling Unhealthy

When all their reserves were down, the pain of their woundedness took over. Most recognized the warning signs through physical symptoms. It was impossible for them to continue their lives as wounded healers. By this time, they felt immobilized within themselves, in their work, and in their living situations. Some were able to speak about their woundedness while others needed someone else to voice this for them. Nicole's spiritual director indicated that she needed help when he said to her: "I think you are heading for a depression and you better look at it." Later, when the depression did overcome her, Nicole phoned her superior and insisted:

> You have to do something for me because something is going to happen. I was really afraid... I didn't want to jump like she did (another person committed suicide by jumping out the window from a tall building), so she brought me to the hospital.

Ann felt the pain of her woundedness stating:

> I'll start with my realization that I needed help while I was working full-time as chaplain at the federal prison. I got a cold three times in one year. It was an intestinal virus. I couldn't shake it. And I'm rather a fast healer, at least I prided myself in being someone who heals quickly when I have a cold or anything else. So I knew I was down, my physical reserve was down. It never had been and that was a first. So I think I said to myself - I did - I talked to myself, even on the job I can remember going through the rounds in the prison and saying 'Why wait?', why wait until there's a breakdown.

Mary explained her recognition of being wounded in these words:

> I was diagnosed with angina ... I wasn't getting my energy back and couldn't sleep very well and I was losing my appetite and the doctor kept saying that I was afraid I was going to have a heart attack and that's why I got ... really anxious and very depressed ... I was discouraged ... I was getting worse.

Charlene realized she needed healing as a result of the following symptoms: "I ended up needing gallbladder surgery ... I wasn't recuperating ... I was not getting back my energy. I was exhausted at work." She knew she was falling apart and she shared this:

> That year was the hardest year of my life in that I was falling apart. I knew I was starting to fall apart and I started to cry and I didn't even know why I was crying and that scared the heck out of me.

Sarah shared her recognition of her woundedness this way:

> It became more and more obvious that I could not deal with my own issues or even know what those issues were until I got away from the work situation because I always expanded the work to the point where I didn't have time for anything else.

Feeling The Past Hurts And Choosing Between Past And Present Behaviours

As the women began to discover their pain and cried out their hurt, they struggled with the conflicting forces within themselves of choosing between the past and the future. While there was a process at work to achieve healthy life-style habits, there was still the temptation to follow the old familiar patterns of the past which remained extremely unhealthy. There was a desire to sing with ease and freedom but the heaviness of the past was a foreboding presence. The challenge now before each was to let go of the past and to let her voice soar in flight carried by the support of her inner breath, the Spirit of life.

A fitting metaphor is Schubert's song Die Junge Nonne, (The Young Nun). The Leider, (German Art Song) is a musical composition where voice, poetry, and piano accompaniment all unite to describe a dramatic event. In this composition, the young nun sings about the storm that is raging outside the convent walls. She compares it to the storm that had been raging in her very soul, her very heart, a storm that caused her "limbs to tremble" and a struggle which left her heart "as dark as the grave".

However, with strength and determination, she speaks to the storm outside telling it to rage on, because at length, she has found peace in her heart. After being "purified in the testing fire", she has found healing and stability symbolized in her being "betrothed to eternal love". As she hears the bell tolling, she is called to seek heights beyond her present place, and is able to sing her joyous "Hallelujah". (Appendix F contains the poetry of this song).

Charlene's story showed her struggle to change her old behavioural patterns. The courage to tell and retell her story came from the support and acceptance she received from the therapists and other residents. Telling her story was the beginning of her healing process. Not all wanted to hear her story though and the one negative response caused her to want to withdraw into her shell again.

> At the time it crushed me but I think it's good that it happened. I was able to work it out a little bit and in another way it reminded me of another incident that happened before I came and just working it out in psychodrama and having the therapists and others observe how I reacted when someone criticizes me, misjudges me. I almost became invisible in those situations. Then someone played the role and showed me what I could have done, would have been more helpful and I replayed it again and now had quite a stronger, could hold my ground better.

Ann grew up with a mother who really did not give her a voice of her own. Ann shared that in some ways, she did not even have to make decisions as she was usually informed what to do. Recognizing this pattern provided a pathway to some constructive changes. Her determination to change was expressed in this statement:

> If I cannot stay with Ann and receive Ann and affirm Ann then I will continue to live like that, with external validation. The more I can switch

> from external validation to internal validation, the freer I will be in expending this kind of freedom that I have ached for all of my life.

Analysis and insights about the influence of their families of origin seemed to help these women to understand their present problems. This also assisted them in establishing goals for personal change for their future.

Sending Out Cries For Help

Charlene's story showed how she cried out for help. "I've been already crying out for more help. Somebody come and help because I have a work overload." A few sentences later, she added: "I had mentioned ... that I was getting snowed under and it would be good if somebody could come and look after the housework in the house." Lastly, she commented: "I look back on that now. I wonder how I did it. It wasn't easy but anyway I was asking for someone to come and they weren't. I don't think they really heard me."

Ann felt frustrated when she realized her need for help. She had no time to grieve her losses (natural disaster, car accident and death of a co-worker). People in authority were not understanding her cries for help. Looking for a job and discerning her vocation simultaneously were difficult. Here are a few of her comments about all of this:

> The year before I was in a car accident. It was a hit and run and I ended up going to the hospital by ambulance. Six weeks later, I got back to work and maybe a month and a half after that my partner died of cancer ... I was really drained ... there were people I should have been able to count on at the

> regional level in chaplaincy, but they were tripping through the Holy Land ... In the natural disaster, a couple of months later, ... I faced my own death and I also faced that I had no control and that it was very much a personal control.

Later she explained:

> I went on this exclaustration for the wrong reason. I made the decision too quickly. I needed space and time for myself. This was long before, nearly two years of counselling, this was all at the beginning - of the accident, my friend's death, and the natural disaster and leaving work.

Mary's cry for help was more non verbal and she explained this when she shared:

> The first thing that struck me was I'm not wounded. I'm not really wounded, but then I started to think. Yes, yes, I'm very wounded. I had no control over my life. I couldn't even make decisions. When I was really sick, I could not decide what to put in my suitcase. People had to make decisions for me.

Resisting The Idea Of Therapy

Charlene was shocked to hear a friend suggest she enter a residential treatment program. She asked: "Am I really that bad that I have to go to a residential program?" This kind of reaction was a common experience for most participants. At least two of the women sought help from various therapists and persons in authority within their religious communities for a lengthy period of time before getting into an intensive therapeutic program. Sarah, for example, relied on the help of others for ten years before she admitted she needed to be more honest with herself and own her need for help. This came out of her frustration of playing a game with herself. When she knew she could no longer fool herself, she concluded: "Not only is this not working but I'm tired of seeing people and I'm seriously thinking of leaving because I'm obviously not fit for religious life."

Attending To The Need For Therapy

All of the women interviewed attended to their need for healing. I will use Ann's story to share how she responded to her opportunity to heal. When she realized she needed help, she went to the person in authority in her community to discuss her desire to be well again. Ann spoke of her experience and the relief she felt when the person in authority heard and understood her need for therapy.

> She certainly made it somewhat easy in that she was right there when I took only a few steps from the train and I knew it was she even though I had never met her. And that impressed me! The simple fact that she was right there, I didn't have to wait. She knew what my need was ... It was just that she recognized me as I did her and I am so grateful and for somebody who is a very busy woman and that she would take the time to talk to me. So we went for lunch, I think I cried through most of it, she ate; I told her I was asking her because she knew and she made referrals to this place for other individuals. I said to her my concern was that if I fall apart that I'd really come to pieces which might be all right but I didn't know if I could put them back together again. She said: 'Go Ann! Go!'

Ann's response was:

> It was decisive! So I spent six months there and I felt like I've never worked so hard in my life ... There were definitely days when I didn't want to be there, days when I didn't know what I was doing. And there were days when I felt 'My God, if I can ever really get in touch with this stuff and come out on top, I'd be a lot stronger!'

Part 5 - Therapy: Discovering Your True Voice

Owning their need for help was one thing. However, going to a place of healing was the important factor in their healing process. They found themselves being vulnerable, feeling disempowered at times, feeling helpless and hopeless in the process.

Feeling Vulnerable And Disempowered

Taking part in group therapy was both helpful and painful for Ann. She related her feelings of vulnerability:

> I think the one element that really helped me is the peer group. I dreaded it the most. I had the most distaste for sitting down and opening up your being, myself to others - admitting who I was, that I had an individual history, that I had individual weaknesses and pain.

Sarah noted her experience in this way:

> ... one of the things that helped was looking at the faces of the people in the group with me and knowing they weren't angry with me so looking into their eyes and seeing that they were not angry, seeing the compassion that was there, the support.

While in therapy, she allowed herself to be open and honest. She said: "Since I've gotten here it's been difficult learning to be completely honest with myself as well as with everybody else."

Deciding to be vulnerable is not always easy for Charlene because the adult part of her wants to be judgemental and the child part of her wants to be free and playful. If she chooses to be the child, she may get caught off guard and she is not sure she wants to risk doing that.

She shared a dream from her journal entry about a rat and a lamb.

> I would say the rat would be the adult or the judgemental part of me and the lamb is the child wanting to be who she is and wanting to have that freedom, wanting to have that playfulness that a lamb has at times but lambs can be fearful and I can be very afraid of people. I know I've grown up being afraid of people and yet having that desire to be out there, being playful, being part of a group. A lot of times that little lamb is being caught by itself kind of off guard.

The feeling of disempowerment can be heard in Teresa's words: "It was scary and I felt I had hit rock bottom in myself. I realized that I couldn't do it by myself. I needed somebody to help me to do it, get out of it."

Feeling Hopeless

The voice of hopelessness can be heard in feelings shared by Mary and Sarah. Life was difficult for Sarah and she wondered if the struggle to survive it was worthwhile. She said: "I think if I could understand myself and accept myself then I won't find it so hard to live or want to live even and that's been really hard."

Mary is frustrated that she does not feel like her old self.

> Emotionally I would like to be my old self, myself that I like, myself that was friendly and warm and compassionate cause I find when I'm depressed I don't have a lot of feeling for myself or for anybody else.

To locate their new voices, these women had to stay open to their insights about themselves and others. They learned much by tuning into their bodies through bioenergetics and massage therapy. These therapies helped them to get out of their heads and for some, the work they did in these two therapies was most valuable in their healing process. In the process of therapy, they learned to sort through the confusion of the roles they had rehearsed and played for most of their lives. Expressing their needs helped them to discover a new voice from within themselves. Once they discovered their inner voice of truth, their desire was to exercise this voice by listening to it. The newly discovered voice was the voice of the true self.

Staying Open To Insights: (Self And Others)

Therapy helped these women realize many helpful insights into their selves and others. Teresa, for example, is more assertive in letting her plans and needs be known because she does not want a repeat performance of her previous behaviours and lack of self-care. She wants to be free to make responsible decisions for her life. She shared: "I can see looking back throughout my life that in situations like that where this was going on, being used and being taken for granted, then I would get angry and I'd withdraw." She owned her responsibility for herself in these words: "I realize that for my health, my inner health that I need to do certain things and if they can't understand what I need to do then it's their problem."

Exchanging insights with the peer group helped Ann learn about herself. She had a great desire to feel at home within herself. She learned to hold tenaciously to her old patterns of behaviour in the past.

> Exchanging with the group, listening to them ... now, what did that teach me about myself? ... I identified with things from them - they were the same issues that were my issues. So that helped me to identify my issues and then to learn how I deal with my issues, how I avoid them.

Tuning Into The Body (Bioenergetics And Massage Therapy)

Sarah shared how bioenergetics helped her to touch into some deeper issues from early childhood.

> I cry which is a real ... a real first for me. Probably bioenergetics is probably one of the more difficult ones for me. The first two months every time somebody shouted or beat up on a mattress or whatever it was that they were doing, I curled up in fear and just cried silently.

Charlene commented how going through her own birth again in massage therapy helped her.

> ... in massage one day ... that gave me freedom. That was probably the turning point, when I think about it now was the rebirthing. It was painful. I just felt, I was breech birth so when I knew the head was coming out, I was holding on. I didn't want to leave my mother's womb and I went through, my whole body went through, it must have been the same trauma as my original birth but when I went back to my room I started journalling. It was, like it was good to be alive and there was something that happened within me at that point. I was beginning to be grateful to be alive.

Ann remembered how her covenant promises helped her stay tuned to her body.

> I was serious about the covenant ... I really used it my first year following ... and I think it really helped me, to keep me going and to keep me on track ... for instance ... be aware of when I'm moving away from feeling or shutting it down, moving up into my head, see that's a major one.

> When I may be demanding more of my body and therefore not listening to what my body needs.

Recognizing Dependency On Others

Another learning experience for these women was the insight about being dependent on others. Through the process of healing, most took back their power to be in control of themselves.

Nicole related: "I had become dependent and I am more independent." She added: "I think my process was very progressive and very slow but I think I was learning to, not to depend on others." In our third interview, she said: "I was dependent on others ... the whole experience of failure, of not being able to function so I couldn't be on my own any more. I had to be told what to do ... I was led by others."

Mary allowed herself to be dependent on others as a child and is only now recognizing that she has the inner strength to be independent. She shared: "I can do it. I have the strength within but for some reason or other most of my life I seem to have depended on other people's praise and accolades to keep me going." She gave her reasons: "I need to be affirmed over and over because I didn't get it in my youth. I didn't get it in my childhood."

Teresa explained how the parent-child relationship that she experienced at home was reinforced in her religious community. She moved from one dependent home into another dependent home.

> Most of us entered from home to novitiate, not from home to work to novitiate as nowadays and so we moved out of a parental situation and moved into maybe even a stronger one ... you couldn't do anything on your own and so highly authoritarian parental style of training.

Acknowledging Confusion Of Roles

Ann acknowledged how she was confused in her role as a child. Growing up in a dysfunctional family where she actually was more in tune with her mother's feelings than her own created this confusion.

> I realized one time that she (her mother) was disgruntled with my dad about something and I could understand it. I would be too and so I spoke that way very freely and I remember my mom saying, well why don't you tell him ... just say, I don't want that or you don't like that or something but let him know and as soon as I was that honest, well, then she would attack me and defend him.

Mary was angry about the role confusion she experienced as a child. "The child is me is not developed because I assumed responsibility too young, so I'm serious. I have to be more playful."

Teresa's role confusion happened when she was about twelve years old. When her father began to drink heavily, she took over his role in the family business. She explained her role confusion in these words:

> I realized I was being an adult when I was a child in the family in order to protect the family, protect myself too but the rest of my family, my mother and the other kids and so I was feeling used. I was feeling taken for granted... By working in the family and in the business and acting like an adult, and being a good girl and by not rocking the boat... I was hoping, striving to win my father back basically.

Expressing Needs

Learning to express needs was a way of regaining a sense of control. It was a willingness to explore and embrace new ideas and experiences. It was an acknowledgment and growing acceptance of themselves.

Expressing her needs is a new behaviour for Charlene.

> It's difficult for me yet, coming to realize that my voice wasn't heard. I'm beginning to make myself be heard more and be more visible particularly in the groups and that's just started recently ... I can let my voice be heard and not feel guilty about it.

Mary expressed her need to be more assertive: "I'm hoping that I will be a little more assertive. I will speak more when I feel I need to speak."

Sarah was not used to vocalizing her needs. She shared: "I've only begun to say things out loud and so all of this is really new to me."

Teresa listed her needs this way: "I need to feel cared for. I need affection, intimacy. I need to care for others. I need to feel worthwhile, valuable. I need to feel safe. I need affirmation. I need to strengthen my identity as a woman."

Discovering A New Voice

Teresa learned to replace the old ostinato tapes heard in her early childhood and adult years with newer healthier ones. Her voice showed how deep her healing really was once she discovered her new voice, one that has empowered her with freedom.

> I had new tapes to replace the old ones. One old tape is, I am not worthwhile. The new tape, I am worthwhile, valuable. I haven't got it all erased yet. One that's totally erased, I must not take care of my needs because that is selfish. The new tape says, I can take care of my needs without destroying others. And old tape, I am stupid, dumb. I am anything but stupid. Old tape, it is not okay to feel joy, festive, celebrational or whole. The new tape says, it is okay to feel this. The old tape which is not entirely erased, I must measure up to others' expectations of me. The new tape, I do have something to contribute and that's as far as I've gone with my tapes.

The outcome of the wounded healer's persistent efforts to heal herself, empowered her to find her own distinctive voice. Some acquire the art of 'Bel Canto' singing. Bel Canto literally translated means 'beautiful singing'. By its sheer purity of tone, balanced with depth and clarity, this singing is exhilarating to the listener. Others found their persona characterized by a strong dramatic voice which helped them to definitively express changing emotions. Still others found a lyrical voice that was light, agile, and flexible. Charlene's lyrical voice was heard in the following comment:

> I am a child of the universe and I have a right to be here. I need to claim that right and not be afraid to express my needs. I need to be more open to receiving love and support from other people and respond to their love without losing myself in the relationship and I need to believe that I am lovable.

Listening To The New Voice

> There's a part of me that I didn't even know I had until recently - instinct; intuition, whatever. It helps me and protects me. It's perceptive and astute. I just listen to the inside of me and I

> know what to do (Belenky, Clinchy, Goldberger, & Tarule, 1986, p. 52).

Teresa recognized that it was more important to listen to her own needs and make this discernment than it was to be the good little girl or good religious and do what others wanted her to do. Her desire to be free to make her own responsible choices is voiced below:

> The good little girl thing or in this case a good religious ... if I want to listen to God within me and hear what's being said within me, I have to make a choice of whether I'm going to go with what's being said within me or go with what's being said outside of me and I have to make that choice.

In the process of discovering her voice, the wounded healer finds her true inner self.

Letting Go Of Perfectionism

Much of what happened to these women as children had negative repercussions that followed them into adulthood. In their efforts to please others and to gain the attention they wanted, these wounded healers learned the art of perfectionism. However, striving for perfection gave them a poorly defined and weakly differentiated self. Their lack of a stable inner core caused them to have a poor self-image. Their sense of who they were as wounded healers was fragile, forcing them to rely on other's perceptions and admiration for their self-esteem. Their vulnerable self-esteem fluctuated between feelings of inferiority and superiority. As perfectionists, they felt incomplete or bad (Sarah) when a significant person (i.e., superior) registered disapproval or criticism. When praised or admired, they experienced a grandiose sense of belonging and being cared for (Charlene and her lover). This was a major emotional wound. The failure to be perfect evoked thoughts such as: "I am a bad person", "I am evil, wicked and sinful", "I am a nobody" (Sarah). Their fragile self-esteem seemed to require the reinforcement of affirmation and admiration of others.

The turning point for Nicole was to accept herself with all of her limitations. She was humbled to share: "I was so perfect. I was so in control." Being perfect was the glue that held their identity intact. So when the delicate fabric of the perfectionist started to come apart or unravel, the person experienced devastation. They needed to be reassured about their own goodness since this is what was lacking in their early childhood years.

Part 6 - Owning The True Self: Sing Hallelujah

Healing helped these women feel autonomous and hopeful. Owning their true selves helped them to recognize their inner strength, something they did not realize when they were wounded. These feelings are expressed in their new voices which have empowered them to form new relationships, return to prayer and celebrate their gift of life. Their return to prayer was a reason to give voice to their future dreams - Hallelujah!

Feeling Autonomous

When these women found their voice, they suddenly wanted to assert their own authority and autonomy. Nicole recognized that she wanted to set her own goals and to decide what was best for her.

> It's the quality of your presence that is more important than what you do, so ... every year ... I go through my goals and ... I establish my priorities ... I think it's a way of staying well ... I was too demanding on myself.

Feeling An Inner Strength/Truth

Charlene's inner strength gave her the confidence to say: "I am now ready to deal with it (her woundedness) at a deeper level."

Listening to her inner truth helped Teresa find her true self. She shared: "I'm listening to my true self, God within me thereby getting in touch and obeying my true self and thus will have peace, contentment, happiness."

Feeling Hopeful

Feeling hopeful seemed to be a sign of healing for these women. Hope has empowered some of them to shape new life styles for the future.

Nicole said: "I think it was the will to live and the hope that one day I'd be okay."

Charlene who has been depressed for a few years shared:

> I do see more hope. The depression has lifted quite a bit ... and my sense of humour's come back. I'm able to laugh again. Hope for me means that healing will take place. The healing is taking place.

A few sentences later when she shared about her therapy program, she added:

> There's hope there because I know that it has not, did not destroy me totally. There's a lot of life there and there has been and so maybe I did get almost to the point of despair and hopelessness that I'd never been, it will never be healed. That is gone. I do know there's a light at the end of the tunnel.

Mary's hope was expressed this way: "My hope is that I would like to be able to feel well, really well physically."

Sarah felt her hope gave her a new sense of power.

> I think I have more hope now than I had. My sense of hope is growing because my sense of my own power and okayness is also growing whereas before I felt that I had no power, no control and that there was something drastically wrong with me. I'm not seeing it quite that way any more and that's just something I've come to learn.

Ann's experience of feeling hopeful was shared this way: "When I left I felt hopeful. I felt good. I felt like I'd really gone through a hot oven and had come out together. I had no misconceptions, I was healed."

Feeling Energized

From her journal, Teresa shared her feeling of being energized after her experience of healing. She read: "I feel elated, free from bondage, unbound, inner lightness, like as if an albatross has been removed from around my neck."

When these women lost touch with their "true self", their voice also became lost. As the healing process began with therapy, the voice began to rebuild itself. Even though it may have begun with a quiet murmur, with continuous rehearsal of expression the voice began to acquire strength and definition. This gradual formation of technique was the turning point, for here the foundation was being laid for a solid future of self assertion.

Musicians rehearse not only to correct mistakes but to refine the music, discover nuances, and balance the ensemble. With each rehearsal and study of the composition a fresh experience unfolds. When the performance is finally staged, the artist must remain open to the beauty that is about to ensue.

Even though apprehension may occur before a performance, a singer will rely on the technique that has been established to carry her through her musical experience. In the same way the wounded healer must rely on the techniques learned in the process of healing in therapy to carry her through the experiences of life's performances.

When the amelioration of symptoms and the stabilization of human functioning happened these women were relieved to discover a new voice coming from within their deeper selves. Their new voice was strong and empowering. They learned to accept themselves and their past hurts. When freed from the futile pursuit of "trying" and "failing", and of 'finding a new voice' came into play, they were empowered to trust and to accept their own world views as never before. They began to explore new themes that allowed them to vocalize their own melodies with greater self-confidence.

Expressing A New Voice

Ann voiced her new melody with confidence when she declared her intentions about losing weight. Her assertiveness towards her mother came through here: "My mother came along and said: 'You'll lose some weight for me, won't you?' And I stood and looked at her and I said, 'no and if I do lose weight, I'll lose it for myself'."

Also when Ann recognized her pattern of looking for the approval and validation of others in making choices, she decided that she was going to look for a new paradigm. Out of her determination to change she blurted out this statement of what she wanted in the following monologue:

> If I cannot stay with Ann and receive Ann and affirm Ann then I will continue to live like that, with external validation. The more I can switch from external validation to internal validation, the freer I will be in expending this kind of freedom that I have ached for all of my life.

Empowering Self

Mary was very definite about empowering herself. "I will not allow other people to overpower me. I will speak my truth."

Sarah voiced her sense of empowerment in the following manner: "I'm beginning to believe that there's some value within and believing that, I think, is going to give me some of the power that I need."

As a result of her healing experience, Teresa learned to stand up for herself and not be overpowered by those in authority. She is listening to her inner truth and trusting herself more now that ever before. She commented: "I do have convictions. I do have wants. I do have needs and I do have expectations for myself that are not the same as somebody else's necessarily."

Integrating Self And The Experience Of Healing

> All this stuff accumulates to the point where it is possible to feel something different... It's not dramatic. It's like a little voice - not even a real voice - it's like a voice of integration (Belenky, Clinchy, Goldberger, & Tarule, 1986, p. 131).

Commitment to self-development and change is secured when these women recognize the importance of integrating their personal selves with their experiences of healing.

Charlene shared her integration of self here:

> I can't negate what's happened. I can't pretend it never happened and I don't want to. What I want to do is take the past and integrate it with the present so that the future will be more healthy and more life giving.

Ann shared her personal desire in this comment: "So then it's important for me to receive my life even if someone else at a very important time in my life didn't receive me."

Teresa found other sources to help her integrate her experience of healing.

> I've come across books that kind of paralleled what I'm doing and they're helping me to integrate, helping me to put it together, helping me to see or

> to clarify what's going on or what has gone on and I just feel like God has taken a book and went plunk! There it is for you.

Forming New Relationships

Another significant issue in the healing process for at least five of the participants was the fear of loneliness and a desire for intimacy in their relationships. They truly wanted their voice to be heard by some significant other. Charlene expressed this need when she stated:

> Whenever I open myself up and am totally honest with anyone, that person takes advantage of my weakness and vulnerability ... my desire for intimacy and fear of loneliness also make it difficult for me to state my boundaries plus my sexual desires can be very strong at times and there is a wildness or passionate lover in me that screams out to be expressed in some way.

Sarah recognized her need for intimacy and was able to gain some experience with new friendships during her time of healing. For her, "spending time with relationships amongst the residents (at the treatment centre) is giving me practice with relationships." This was a big turn around for a woman who in her first interview shared: "I don't have any relationships with other people because I'm afraid of that happening. I really feel they're my friends because of what I can do for them."

Loneliness was a part of Ann's life for a long time. Her issues of abandonment have affected her patterns of relating to others. Her tendency in the past was to run away or leave the relationship before the other person abandoned her. This was her way "of running away from pain, the pain of having someone you love taken away." Through her process of healing, Ann became aware that she first needed to accept herself before reaching out to others to meet her need for intimacy. Ann shared some healing moments she had with a friend whom she had abandoned earlier. For her this "was the first time ... we had time together and it was healing and reconciliation that neither of us expected and it was just beautiful."

Teresa wanted at least one person to care for her, someone whom she can trust. She stated: "I want some one person to care for me for who I am, not for what I can do or give to them ... I want to feel special to someone." In the following transcript, Teresa described the importance of forming new friendships. The following is an excerpt from her journal which was shared orally with me:

> There is a price to pay if one does not form intimate relationships. One is alone, closed, isolated, alienated ... intimacy is a basic need necessary for growth, necessary for life and is a life-giving experience. The fear of self-revelation and intimacy is the fear of loss itself.

Moving from place to place was a lonely experience for Nicole. She attributed her loss of connections with familiar people and friends to her woundedness. She explained this experience and what it was like for her. "I think it was the change like from the north to the city and being cut off with all my friends ... I felt that I was in a strange environment." In her second interview, she shared about a relationship she had with a male friend. She missed out on dating when she was an adolescent and had a desire to be intimate with a man. She talked about this relationship as being quite significant in helping her to get in touch with issues with her family of origin that she had not dealt with previously in therapy.

Doing for others seemed more important than taking care of themselves. Their experience of healing helped these women realize the importance of self-care. Gilligan (1982a) suggests that women start to care for themselves during a time of crisis out of a need for survival. They eventually develop an interdependence of self-care and care for others.

Returning To Prayer

All of the women I interviewed indicated that as a result of their healing experience, they returned to prayer and to the God within themselves to celebrate their own giftedness.

When Mary's inner strength returned, she felt more like her own person.

> I feel more of my person ... my inner resources have to be, first of all, God. God, I have returned to prayer. I have become more connected to God, to Jesus ... prayer is a priority for me ... I hadn't prayed for six months before I came ... but now I can do that and I feel if I don't do it there's something left out in my day. That's my first source. If I can trust that God is with me even in the pain. I guess my other inner strength would be I can do it. I can really do it.

Healing helped change Sarah's image of God.

> I guess my emphasis is more on the merciful God than the God who is doing all this judging. I feel like I'm losing that image quite a bit more than I

> have in a while ... I still find it amazing that He could love me after all that I've done and been, all that I am but as difficult as I find it to believe I still find that I am believing it more and more... The image is not so much of a strict father God that I had but a more compassionate friend, a more caring God who leaves me the freedom to choose.

Celebrating The Gift Of Life

Teresa's journal entry sums up her entire experience of healing and her voice speaks of what has been shared by others in this chapter.

> The gifts I had received as a result of the therapy program, the deepened intimacy with myself, others and God, got in touch with my inner child, got in touch with my deep inner core, my identity, release of suppressed feelings especially anger and sadness, thawing of my inner being, my feelings, insight into how past experiences impact the present day ... ability to form intimate relationships was affirmed. I was affirmed.

This is the unique voice of wellness as each of the women emerge from their unhealthy state of being to a new sense of wholeness ready to celebrate the gift of life once again.

Singing Hallelujah!

After trying and failing and trying again, the women in this study discovered ways to heal. To refocus they found places to direct their voice so that they too could be heard. The performance of each of the women as she continues in her process of healing is unique to her. All are beginning to sing their hallelujah as they listen to their own inner truth. This is their answer to finding peace, contentment, and happiness with themselves.

Increased awareness of their role in taking responsibility for their lives and ceasing to blame others, especially family members for what was not right in their childhood lives helped them to improve the quality of their adult lives. Teresa reflected this when she shared: "I am going to live by my own truth and if that is going to mean struggling and fighting with somebody then I'll have to do it. I think I've come to that conviction within myself."

Recognizing the impact of past hurts, touching back into the memories of these wounds, and resolving to move beyond these hurts helped empower them to trust their own inner voice. This movement signalled healing for these participants. As these women became more self-accepting, they discovered their inner voice. Their healing process helped them to gain self-confidence and self-worth as they learned to understand themselves more fully in relation to others. Focusing inward to heal the problematic areas of their lives was difficult. Finding ways to creatively express themselves and their needs was another way of reconnecting with themselves and others. This in turn, broadened their opportunities for growth and healing.

Summary

The purpose of this study was to generate a substantive theory which accounts for the process by which women religious wounded healers heal. The basic psychological process which emerged from this analysis was, "Finding voice". This was the most central, or core category which links together the other categories and their properties. Some of the questions that helped to identify this core category were: What is the main theme, pattern or story line happening over and over again in these interviews? What is the main theme that best explains what is happening in all the cases under study? What category do all the other categories seem to be pointing to? As Glaser (1978) notes "the goal of grounded theory is to generate a theory that accounts for a pattern of behaviour which is relevant and problematic for those involved" (p. 93).

In this study, the problematic behaviour is how do women wounded healers heal? There were two phases (becoming wounded and being healed) and six stages to this process. The six stages were as follows:

Phase 1: Becoming Wounded

1. Losing the true self
2. Attempting the ideal self
3. Living the incongruent self

Phase 2: Becoming Healed

4. Turning point
5. Therapy
6. Owning the true self - Finding voice

1. Losing the True Self

The experience of feeling rejected and/or abandoned by at least one parent in early childhood years resulted in emotional confusion for the participants of this study. The belief that one had to survive alone or find a way to win back the lost parent's love was the beginning stage of woundedness.

2. Attempting the Ideal Self

Feeling the loss of a parent's love and care was a reason to turn towards the other parent and look for ways to maintain that parent's acceptance and acknowledgement. At this stage, the already wounded child attempted to please this parent by being the "good little girl" and finding ways to prove herself in her achievements at school or in her chores around the home. The child learned to compensate the loss of her true self by overworking and being overly responsible. Trying to be the ideal self created an inner tension of conflict.

3. Living the Incongruent Self

At this stage, the individual was confused in her role and in her responsibilities. What she felt inside was not what was being projected outward. The incongruence within and without led to an eventual loss of voice. Trying to please the parent she lost by being obedient in the pursuit of regaining that parent's recognition and acceptance was costly. Entering into a second system, the religious community, reinforced these behaviours. The person learned to be the "good religious woman" by trying to please those in authority. She learned to be competitive in her work.

The effects of debilitating assignments and demands were hidden by a persona that gave the impression of competency and self assurance.

4. Turning Point

Eventually, the person experienced personal depletion and for some a physical breakdown. This immobilized the person at work, and in her living situation. This was the turning point or impasse that forced the person to come face to face with her woundedness. This was the stage when the individual entered an intensive therapy program to sort out the confusion of her life situations. This was the beginning of her healing process.

5. Therapy

Therapy helped the individual to sort out the confusion and incongruencies within herself and around her. This was an opportunity to examine and heal the tensions, inconsistencies, and conflicts she was experiencing as a result of her inner dis-ease. Therapy assisted her to rediscover and reclaim her true self.

6. Owning the True Self

When the person gained clarity and could make sense of her woundedness, she was able to move beyond her hurts and pain. Having worked through her issues in therapy encouraged her to listen and trust her inner voice. It was at this stage that the person could be clear and confident about herself and her needs in life. Finding her inner voice, enabled her to assert her personal authority and autonomy. Her process of healing empowered her with a unique voice and a sense of wholeness.

To understand the core category of "Finding voice" requires one to be cognizant of the two processes described in this chapter, a process of becoming wounded and a process of healing. Table 6.1, (p. 189) illustrates the parallels "Finding voice" in psychological terms and in music (voice) terms.

These women began to experience healing when they broke the silence surrounding their painful past. It is important that the reader realize that the women wounded healers in this study are members of a religious community. Entering a religious congregation forced these women into the role of healer or classic caregiver. Henri Nouwen (1979), calls these people "wounded healers" or "wounded ministers". In this role, the wounded healer is:

> called to speak to the ultimate concerns of life: birth and death, union and separation, love and hate. He (she) has an urgent desire to give meaning to people's lives. But he (she) finds himself (herself) standing on the edges of events and only reluctantly admitted to the spot where the decisions are made... In hospital... in prisons... as chaplain (p.85).

Trying to heal or be of help to others when they haven't seen their own pain eventually created tension, confusion of roles, and for some burnout. The experience of being in therapy helped them to connect with themselves and others from the inside out, which Miller (1988) describes as essential to women's sense of health and well being. Without connections, Miller (1988) and Surrey (1985) describe women as experiencing the fear and pain of isolation.

Reaching out to others from inside themselves, was described by these women as freeing them from the terrifying trap of being alone, experiencing paralyzing fear, losing voice, feeling disempowered, and feeling hopeless. A major part of their healing process was strengthening their inner sense of self by finding a new and stronger voice coming from within their inner selves. For most of their lives, these women believed that if they revealed their failure as ideal women, then rejection, punishment, and isolation would result. They learned that by leaving behind a life time of denying hurts, they were free to heal. Their new knowledge about themselves empowered them to reach for their true selves, the 'self' that was integrated, autonomous, hopeful, celebrational, and energized.

These women have told their stories of being wounded and of being healed. They are now free to be who they are, rather than being what others think they should be. They shared their feelings of self empowerment as they discovered that it was their right to express their needs. Strengthened by their newly acquired inner voice, these women cherish their new gift of life and can sing their own hallelujah in diverse ways to reclaim, honour, and value their true selves.

This study described the healing process in three stages. Hopson and Adams (1976) describe these three stages in a similar way. The authors cite seven predictable stages. Initially, people experience the immobilization stage during which they have the sense of being overwhelmed or frozen. Next comes the experience of minimization of change, with a denial of change and euphoria. A depression stage follows with the development of awareness of realities of change and the related stresses. The fourth stage is the acceptance of reality and letting go of the past and a hope for a potentially different future. The testing stage follows which is an opportunity to try out the new behaviours, life style or new way of coping. During this sixth stage of transition, people generally search for meaning as an attempt to understand the reasons for how and why things are different. The cycle's final stage happens when the person internalizes and incorporates the meaning into behaviour. The process is not linear as individuals will usually recycle back to earlier stages. It was only when these women discovered who they were, rather than who they were told they must be that they began to heal from the inside-out.

TABLE 6.1 **FINDING VOICE**

LOSING THE TRUE SELF - shame-based feelings of the self, negative beliefs.	**CHILDHOOD OSTINATO** - repeated patterns, the negative tapes that replay and reinforce unhealthy self-image.
ATTEMPTING THE IDEAL SELF - family dysfunctions that contributed to unhealthy responses in adult life.	**ADULT OSTINATO** - trying to force your voice into the patterns of others instead of being yourself.
LIVING THE INCONGRUENT SELF experiencing confusion of roles. There is an inner conflict and tension. feeling angry, guilty, ashamed, hurt, hopeless, and suicidal.	**THE MASKED VOICE** - The voice is spread. It is the unfocused voice, that is not resonating because the sound is not clear. The voice has a covered sound - foggy sound.
TURNING POINT - HITTING BOTTOM - realizing that healing is needed.	**THE BROKEN VOICE** - an instrument that has been abused and can no longer sing another's tune; now is the time to rebuild, reconstruct, now is the time for healing! Now is the time to find one's own voice!
THERAPY/DISCOVERING THE REAL SELF/WHO AM I?	**DISCOVERING YOUR TRUE VOICE** - everyone has a unique voice: What will be its sound? - Bel Canto, Lyrical, Dramatic, etc.
OWNING THE TRUE SELF - healing, finding new healthy life-style habits, finding a new voice.	**SING HALLELUJAH** - singing a new song with freedom and joy; living in the healing presence of one's inner Spirit.

7. UNDERSTANDING THE SOCIAL PROCESS OF:

FINDING VOICE

> Voice is meaning that resides in the individual and enables that individual to participate in a community... The struggle for voice begins when a person attempts to communicate meaning to someone else. Finding the words, speaking for oneself, and feeling heard by others are all a part of this process... Voice suggests relationships: the individual's relationship to the meaning of her/his experience and hence, to language, and the individual's relationship to the other, since understanding is a social process (Connelly and Clandinin, 1990, p. 4).

To understand the process of "Finding voice", we must turn our understanding and attention to the struggle and confusion with authority and obedience that these women experienced both in their childhood and in their adult lives. The women interviewed for this study all presented issues with authority members in their religious communities. Whether these authoritative persons were actually in leadership roles or just powerful people, authority was ascribed to them. The difficulties that each experienced in her family of origin with the dominant parent resumes with those in authority positions within their congregations. It was the conflict between these two issues that brought their woundedness into focus. Their efforts to understand the place of authority and obedience helped them in their healing process. One person described it as an image of or need for "lawful authority". Teresa shared the sense of conflict when she said: "This concept of obedience that the superiors mediate God's will to you, like I am not convinced that this is true at all."

Research in the past ten years (Gilligan, 1982; Schaef, 1981; Josselson, 1987; and Miller, 1988) has supported the hypothesis that a woman's identity is primarily developed in the context of relationships. From this, one could say that the different people in a woman's life reflect back to her parts of her self. This process of mirroring back who she is as a woman, usually begins with her parents. This can be a positive or negative experience depending on the individual's relationship with her parents. Parents shape the lives of their children from inside and outside.

Gilligan (1982) suggests that women experience developmental transitions during life crises. She found that the crisis signalled a chance to return to a previously missed opportunity for growth. If a woman experienced being abandoned by significant others during this crisis, by her parents or community members, then the woman will retreat to the stage of survival in which she will cut off feelings and not care for anyone but herself. If she does not have the experience of abandonment, then the crisis has the potential for self development. Through this process, women experience self development within relationships.

The theory of self-in-relation emphasizes the centrality of relationships in women's self development (Jordan and Survey, 1986, Survey, 1983). For women, the self is a relational self that is developed in the context of significant relationships. Jordan and Surrey (1986) define the self as "a myriad of memory experiences that provide us with a sense of organization, coherence, and meaning" (p. 92). Jordan and Surrey maintain that the ability to relate is fundamental to women's development, and begins within the mother-daughter interaction. The authors cite that a mother is likely to be influenced by her perceived similarities with her daughter and this in turn affects their capacity to relate with one another. The mother-daughter relationship involves mutual empathy and connectedness, which empowers both with mutual self esteem, and "leads to the daughter's development of a sense of self that is anchored in relationship and self connection" (Jordan and Surrey, 1986, p. 88).

Jordan and Surrey (1986) suggest that empathy is "the process through which one's experienced sense of basic connection and similarity to other humans is established" (p. 85). These authors indicate that empathy is a two way process of dialogue and communication. With empathy, intimacy in relationships is possible and with mutual empathy growth in the self is possible. There is a contradiction within this process "in that in the joining process, one develops a more articulated and differentiated image of the other and hence responds in a more accurate way" (p. 85). There is an "oscillation of images of self and other" (p. 92) within relationships, which defines self through a dynamic process. Jordan and Surrey (1986) refer to this as the "oscillating self structure" (p. 7). The process of self definition is considered as an on-going differentiation of self from others, with empathic relationships.

For women, the absence of mutual empathy in relationships can result in a loss of self esteem because women value the quality of mutual empathy in relationships. They can feel guilty and ashamed if they cannot participate in these kinds of relationships. The challenge of establishing and maintaining close interpersonal relationships in our society has repercussions for both women's process and nature of self definition, as well as their related self esteem. Miller (1988) suggests that women who participate in relationships which are not mutually empowering and mutually empathic, develop restricted and distorted images of themselves in future interpersonal relationships. Early experiences shape their self esteem and expectations for future relationships.

Sanford and Donovan, (1984) noted that as children, we needed to feel that we were significant. From our parents we sensed how much we mattered. If we believed we did not matter much, that we were not important, then our self-esteem got off to a poor start. A person who never acquired a sense of her own inherent significance may suffer guilt about being alive, or may go through life feeling she is nothing but a victim of fate, totally incapable of making a difference in the world (p. 38). Charlene shares this in her words:

> I'm a burden. I'm nothing but a burden. I want to die. And then all of a sudden, I realized this isn't a good attitude to have. I'm going to live. I'm going to live and I'm not going to ask for anything again as long as I live.

She was only six years old when she decided to master her own environment.

Aggravated in experience and misunderstanding of authentic obedience, these same women entered their religious congregations in their teenage and early adult years. They had achieved a reasonable level of adjustment, but entered with some psychological scars that were unconsciously constraining and inhibiting them from becoming mature, well-rounded adults. The authoritarian structure in their early years of religious life probably aggravated their lack of maturity. Most were still in a dependency role when they left their family homes. Entering their religious community moved them into yet another dependent relationship. At best, their novitiate delayed their growth by unintentionally creating an environment that retarded their development. Autonomy was not encouraged and for some there was no freedom to make personal choices.

During the fifth stage of Erikson's stages of development, identity versus identity confusion, which occurs at adolescence, the identity components developed in childhood are integrated. None of these women had a positive self-identity vis-a-vis their families. Therefore a negative identity was integrated making the process of integration even harder. At the end of this stage of development, the adolescent is able to form a firm sense of identity if she is able to avoid identity or role diffusion. Erikson (1968) suggests a firm sense of identity allows for intimacy (a fusion of identities) which would be a threat to her sense of identity if it has not been well defined in the previous stage.

One of the reasons these women are wounded is because they did not form a strong sense of personal identity at this stage of development. In some instances, their very name was changed when they entered their religious communities. Just when most were struggling to find their identity as Mary or Ann, their names were changed to Isabel or Agatha. Others lost their feminine names when they were given a masculine name such as Mary Roderick, St. George or Mary Bruno. They were expected to suppress their own sense of individuality in being called by a name that was not their given name.

Unauthentic understanding and application of obedience by those in authority creates a dysfunctional system. Dysfunctional systems, by their nature, dislocate individuals and encourage the placement of decision making processes outside of the person. Those who grew up in dysfunctional families and later entered hierarchically structured communities may never have located decision making abilities within themselves. One reason for this is that traditional families encouraged this kind of hierarchical structures. Religious life would have continued it. In both cases, it was the voice of God that was being revealed. And if those in authority expected passive compliance rather than adult dialogue the community itself became dysfunctional. Most may have learned to surrender their ability to decide to those in authority.

Submitting to authoritarianism often meant seeking an extended childhood experience in which the person usurps her responsibility for developing character and making wise choices that could be beneficial to the enhancement of individuality. Handing over her power to make independent choices to persons in authority only perpetuated the adult-child relationship. In itself, this kind of management promoted security, but thwarted the possibility of an inner process of development.

Teresa illustrates most clearly the parallel processes between the voice of authority and obedience in her family and in her religious community. She began to recognize that her difficulties with intimacy stemmed back to her relationship with her father. She realized that when she entered religious life she had gone from one unhealthy family situation into another dysfunctional system where "you were told when to breathe and how to breathe." This was for Teresa a highly authoritarian parental style of training which she says depicted a parent-child relationship. This kind of authority was destructive to her sense of power: her power to become. It disregarded the intrinsic claim for accountability that Teresa needed to become responsible for her ultimate decisions. Very quickly, she developed patterns of behaviour which allowed her to constantly refuse to accept her own responsibility.

Protected by an institutional system, Teresa and others shifted their responsibility to someone else, denying in themselves their right to make free choices. The hurt which caused Teresa to build a shell around herself came mainly from her lack of freedom from within or without, and her eventual fear of taking risks involved in freedom. This led to her lack of self-confidence and self-esteem.

This kind of leadership caused her to look for a substitute father in the persons of authority. She continued to try to gain her father's approval and love by being a "good girl" and "good religious person", by being responsible and looking for ways to be a hard worker. Eventually, her self-worth was dependent on how well she was doing in her work. This led her to look after the needs of others to the neglect of her own. One has only to read Teresa's fairy tale which she wrote after a couple of days into her therapy program. In her fairy tale, entitled "In the Garden", she affirms and cares for the needs of all the characters. When she had tended to all the others, she discovered "Peety", who said: "... I need help ... I'm caught under these leaves and I'm really very cool. I want to get into the sun so I can soak in the sunshine and grow into adulthood." Peety became a symbol of how Teresa was feeling at that time of her life. Teresa's fairy tale is found in Appendix G. Her insights from her fairy tale helped her to recognize that she was responsible for getting her needs met.

For many religious persons, authority and obedience are interconnected and intertwined. It is not surprising that their reputations rise and fall together. Authority is often viewed as authoritarian; obedience seems to demand subservience. In neither, do we see the shape of mature behaviour. What these women would have learned in their families of origin was that there was no dialogue with mother or father when it was time to obey. Therefore, they did not have a model for collaborative dialogue. For example, these women would have learned that their mothers were to be "obedient" to their fathers.

The value of such subservient obedience has declined among religious persons today and there are efforts to fashion more mature models of obedience and authority. In religious houses, "superiors" have been replaced with "local leaders", "coordinators" or "contact persons". However, many structures remain with the role. Congregation leaders feel awkward in the exercise of authority and others behave cautiously lest they be led astray again. The change is difficult on both sides because it calls everyone to accountability, collaboration, maturity and responsibility. Greater emphasis is being placed on consultation, discernment, personal initiative, and individual responsibility. Both leaders and other community members are being challenged to move toward an adult-adult relationship which demands personal change and integrity. Integrity demands flexibility more than self-defense. When a person is in a true adult-adult relationship she is able to go beyond her individual needs and accommodate herself to the purposes of a larger good. The ability to obey in such an adult manner is integrity in one of its mature faces. In the families of these women, parents did not always allow their children to grow up, find their own way, and be adults.

In the process of assisting wounded healers to come to such an adult-adult sense of obedience, authority persons and followers need to consider the activity of collaborative dialogue as a healing instrument. This gives the wounded healer the experience of being significant, listened to, and part of a communal discernment process. According to English (1992):

> All forms of oppression, whether due to authority, prophetic ability, superior physical strength, masculinism, feminism, or intellectual expertise, automatically invalidates the discernment. This is not to deny the significance of authority ... in discernment, provided they are not used oppressively. Free consensus of both free minds and free hearts is the only atmosphere in which discernment can take place (p. 134).

Authority and obedience do not exist in isolation. They are part of group life and of community living in a religious congregation. Authority and obedience are more often confused than understood by persons in religious congregations. The misuse of one's leadership position can be devastating and unhealthy especially to those vulnerable and docile persons. This is in the stories of the women, especially with the alcoholic parents who relinquished their parental role and with the mother who is threatened by her child's competency thereby, refusing to let her child be who she is. When the role of authority is misused, mutuality is lost because the person in leadership is set apart from those others who do not have such positions. Obedience then becomes a virtue for followers only.

There are basically two questions: a) How does the wounded healer reclaim her identity and develop a healthy relationship with persons in authority? and b) How can those in authority assist the wounded healer to come to a healthy relationship with them? These questions are asked because when there is an issue of authority between the person in leadership and the wounded healer, there surfaces the questions of vocation. It can be devastating to the wounded healer to suddenly be confronted to discern her vocation at a time of woundedness as was the case for Ann. Ann felt misunderstood by her superiors who confused and equated her need for therapy with a vocation problem. Blaming the person rather than examining the structure is not helping. This process is not unlike what happens in the family. Ann shares her experience of this kind of blame: "I went through the struggle with my superiors. They were seeing me as an unhappy person or a religious who perhaps needed to leave." Understanding her own needs, Ann's response to this was:

> I'm unhappy as a person, it's deeper than religious vocation ... I told them I would not be looking at religious vocation. I said it may come to that but that's not where I'm starting, that's not what my need is.

This indeed was a significant act of personal responsibility and a first step to mature identity.

In my own experience of struggling to find my sense of identity and to heal my own woundedness, I recall the person in authority in my congregation asking me to consider taking a leave of absence from the community to sort out my problems. I knew the woundedness was within not outside of my relationship with community and to leave would not have solved my dilemma. Healing would not have happened for me outside and apart from my religious community. The new space that I grew into had a kind of invisibility to those who had not entered it with me. The healing I experienced in my process of dealing with my issues in relation to my community reached a level of strength, maturity, insight and awareness that I had never imagined could be possible.

When I was able to reclaim my identity I was much freer and more open to those in authority. I had gained a deeper sense of self-confidence which helped me to take on a responsible attitude towards obedience. As I began to get in touch with myself and who I was as an adult woman, I began to feel empowered - not a power over others, but I felt a sense of personal power coming from within me. This feeling of empowerment taught me to affirm my giftedness and to give voice to my unaffirmed and unacknowledged self that was waiting to be heard.

For the first twenty years of her religious life, Teresa felt that: "the lawful authority was like the parent figure. Do this, that and this and you know, I think I had enough of it." Her struggle to become more self-directed within an authoritarian style of leadership made her feel trapped somewhere in the middle. She felt used and sensed that her needs were not being met, a similar feeling that she had experienced in her family of origin home. As a child, Teresa felt she had to assume an adult role to replace her father who suddenly became very irresponsible when he began to drink. Making this parallel connection to authority persons in her religious community helped Teresa to decide that this was not the way to live her life because as she states it: "this obviously was not an adult way to live and also inhibiting to my growth." Her needs are important and she has decided that if she wants to have her needs met, she has to take responsibility for herself. Being dependent on others was not going to help her reach her full potential. Of this, she comments: "I need to get at my inner truth and I need to live by my inner truth in order to become what God wants me to become and it's going to entail some struggle obviously." Teresa's father couldn't be trusted to care for her needs and this same experience is repeated in her religious community. She explains her thoughts in these words: "I do not trust that leadership persons will take care of me or my needs as a person or be there for me" and "I have to be responsible for me, my nurturing, my self-care, my parenting." Later she comments:

> ... it was their (the superiors) own will that they were mediating, not God's will ... I was young when I entered and I hadn't sorted out all this stuff for myself, so I moved from a highly authoritative parental obedience into a highly intense situation like that in religious life.

Teresa shared her insights on obedience and authority that came at the end of her healing process when she said:

> The idea or the concept that another person does not know what God is calling me to has caused me to reflect on what authority and obedience means for me. Another person can help me to find out what

> God is calling me to, but only in the end I know and this comes from my inner being.

Such an attitude makes for a true community of adult relationships. It seems that Teresa now sees community as an instrument and place for larger ideals and action in the world.

Voicing one's needs to someone in authority is not always an easy task for a wounded healer who in the past was submissive and docile. Admitting that she has needs and wants that may be different than someone else's expectations can be a challenge to express. However, as Teresa puts it: "I'm going to incur somebody's disapproval or somebody's wrath and I have to work it out but I'm okay with that ... I'm doing it because I am true to my own truth and it's valid." At the same time, Teresa recognized that she could benefit from looking at and considering the suggestions and requests from the person in authority. This gave her the opportunity of choice. As she says: "It is a conscious choice. I know what I'm doing. If I choose authority over my inner truth, I need to discern whether that is doing too great a violence to myself. In other words, can I live with it?" She sorted through her issues with authority and decided to give credence to her own personal authority. She had come to recognize that those in authority were not her parents. More importantly, Teresa accepted herself as an adult, no longer the child in relationship to those in authority. This was very freeing and she discovered that her voice was worth listening to and to her amazement she was learning that she was heard by others.

Listening to my own voice and to the voices of the six women I interviewed has been gift. I have learned much from these women and my hope is that those who read this section on authority and obedience will benefit from our experiences. Learning to deal gently with the wounded healer to bring her to self-confidence will help her to take a responsible attitude towards both authority and obedience. She will be able to a part of an authentic decision making action in conjunction with persons in authority through a process of adult-adult dialogue that protects the integrity of the person. Feeling accepted by others helped each of these women to finally accept themselves. When their experiences were integrated they achieved a sense of empowerment. This was an empowerment that called for mutuality, collegial responsibilities and shared responsibilities. It is the polar opposite of feeling dominated by hierarchical powers.

The experience of empowerment is that of interdependence, a resource that draws on the matured strengths of dependability - a "dependability" that goes both ways. The benefit of interdependence is that the person learns that she does not have to exist in isolation. There are others around to assist her with her growth development, her discernment in decisions and in her plans for ministry. This capacity for dependence is not the kind that instills fear that one is unable to care for her own needs while being left to the mercy of others. It is not the kind of dependency that manipulates those around her. Rather, it is a strength that tells the person that she is strong enough to receive and benefit from another's power. Such mature dependence is grounded in having received strength in her healing process from those who journeyed with her. Having received this gift of acceptance from beyond herself, she is now able to meet her own needs and those of others (Whitehead & Whitehead, 1984).

The experience of healing helps the person to find the anchor places for her life in her own centre. Consequently, she can be as Henri Nouwen (1972) says: "free to let others into the space created for them and allow them to dance their own dance, sing their own song, and speak their own language" (p. 91-92). The wounded healer therefore becomes once again, the healer.

Self-acceptance is the essence of integration that each of these women achieved in her process of finding the inner voice and being able to speak from this voice. Each is eager and enthusiastic to take her needs seriously. Each is tuned into her needs because she has discovered the importance of "self" and how to listen to her own inner truth. This is in principle the nucleus of self-care and is the opposite of self-neglect. These wounded healers have truly achieved a compassionate acceptance and respect for themselves. In his book, Compassion and Self-Hate, (1975), Rubin states that:

> Compassion makes life easier, but is in no way a retreat from life nor is it an easy road to take ... compassion has the effect of thrusting us into the very middle of ourselves and into the middle of life (p. 184).

Healing is in essence the shift towards paying attention to self, defining the self, and valuing self. It is as Gilligan (1986) states when she refers to "Radical Rethinking of the Old Value System": ... when the distinction between helping and pleasing, frees the activity of taking care, from the wish for approval by others, the ethic of responsibility can become a self-chosen anchor of personal integrity and strength (p. 171).

Figures 5.1 on p. 115, 5.2 on p. 116, and 5.3 on p. 121 have been included to help the reader understand the movement from woundedness to healing for the wounded healer. Even in the incubation time in a mother's womb the "true self" is not always accepted. When the true self emerged at birth these women began the process of losing their true self. In their early years of life, they lost access to their true self and began to identify with their ideal self. The ideal self was strengthened by their attempts to please and be pleasing to those around them. The more confusing their situation became, the harder they tried to regain the love, affection, and acceptance of significant others.

Moving from one dysfunctional system (home) to another dysfunctional system (religious congregation) in some instances, intensified their loss of self. During their efforts of trying and failing to be their true self, they experienced much confusion which caused them to lose their true self-identity. Eventually, they looked for their identity in their role as teacher, nurse, administrator, chaplain or whatever their ministry was at the time. This led to workaholism and they became less capable of voicing their needs. When their individual strengths and vulnerabilities were attacked, they began to experience a personal depletion of energy. Symptoms of depression began to surface - crying, not sleeping, feeling anxious, difficulty concentrating, irrational thinking, isolating self, loosing interest in usual activities, feeling angry, feeling confused and hopeless, having low self-esteem, feeling suicidal, feeling trapped and feeling alone.

It is like a negative feedback loop because the more they tried to be their "true self", the more they slipped into becoming their "ideal self". Strategies to maintain this ideal self began as children. Numerous other events along their journey eventually led them to becoming a wounded healer. It is only when they could admit their need for professional help that they were able to return from their ideal selves to their true selves. It is as though they were forced to enter the dark tunnel of silence, that most spoke about in telling their stories. Eventually, they were able to see the light at the end of the tunnel after their struggle through the dark nights of their inner disease. When trying and failing merged into one process, healing began to happen for these wounded healers.

Carl Rogers distinguishes between the "real self" and the "pseudo self". Rogers states that the split between the two selves creates much of the distress for which people seek the help of psychotherapists. Rogers describes the "pseudo self" as the self that is presented to society as a result of how others respond to one's behaviour. The "pseudo self" is the individual's attempt to present an acceptable and pleasing self to others. Ambivalence in self-identity becomes the norm when a person tries to be her "real self" and her "ideal self" simultaneously. Rogers describes this process in his discussion of "self incongruence", and the distress it creates.

As children pass through childhood, they often experience a powerlessness in the face of adult authority. They are dependent upon their parents and other adults for their survival. Adult rules can trigger anger in children as they are forced to comply and obey. This anger is denied and hidden for the most part for fear of losing the affection of adults upon whom they are dependent for getting their needs met. Children learn to both fear their anger and fear revealing its full dimensions. Trying to be the "ideal" child or "pseudo" child causes children to lose their "true" or "real" selves. When they have exhausted their efforts in trying and failing to become their "true self", they eventually give in and strive for the "ideal self" because this is the self that seems to be getting them the attention they desire. However, the task of trying to be this ideal self is enormous and overwhelming. The loss of their "true self" does not allow them to have a strong sense of self-identity.

The experience of healing is a process which has similarities and distinct individual differences that are unique to each of these women. The similarities are evident in their awarenesses of being a wounded healer, seeking help, and accessing a "true self" in the process of healing.

As these women become confident as singers, they will be able to both join with the rest of the choir or be heard as a soloist, on their own. Eventually, their voices will contain the balance of dark and light colours, or high and low frequencies, of depth and height. As a rainbow reflects the full spectrum of colour so their voices will mirror the darkness of pain yet the brightness of joy. The depth of their struggle will be brought into focus with the light of their healing.

In a recent issue of Human Development, Harmer (1992) suggests an alternate model of governance for religious congregations. The "organic" as opposed to the previous "hierarchical" model of leadership suggest that power resides in the group, or the people. All have the power to create. Responsibility is considered to be shared by all, but this does not diminish the role of authority given to the community leaders who are called to take on certain functions on behalf of the entire group, i.e. the sale of a school or hospital. If this model is to be effective, the power that resides in the whole needs to be diffused in a suitable way. This means that all members need to be empowered and knowledgeable about the power they can exercise. Harmer (1992) points out that: "If leaders have not been empowered, or if members have lost all their power, the system will not work" (p. 37). The organic model of leadership is an adult-adult model because:

> It is based on the idea that all the members are adults; that they all have gifts; that while the members gifts differ, they are all of value to the whole; that all members are equal in the community; that the members have various degrees of education and types of skills (Harmer, 1992, p. 38).

With this model of governance, there is hope for those who find their voice and use it to express their experiences, needs, and visions within a congregational setting.

Most of the participants for this study have not experienced their own freedom, their own power. A call to accept their own responsibility, to be actresses instead of being reactors, free to make choices is being opened up for them. Can they accept this invitation? Belonging to institutional systems makes it easy to shift the responsibility to someone else, denying themselves this right. The hurt that results from not taking responsibility for one's choices makes people build a shell around themselves. The refusal to take risks involved in freedom can lead to a lack of self-confidence and poor self-esteem. It strikes me that many of the participants' relationships in their lives are characterized by this "responsible for": making decisions for the other - often too willing to let somebody else make a decision for them; thereby sheltering themselves from the consequences of their own choices; bandaging wounds which need to remain open in order to be healed; and all under the name of charity. The reality is that they are simply not protecting themselves.

The ups and downs, the backward and forward movements of the journey can only be revealed in the details of the clusters of stories which make up the totality of the experience.

> We shall not cease from exploration
> And the end of all our exploring
> Will be to arrive where we started
> And know the place for the first time.
> (Eliot, 1944, Four Quartets, p. 48).

The journeys of these women wounded healers are more spiral than linear. Their journey begins with an acknowledgement that they are wounded persons. It moves to a longing for wellness, to an experience of healing in therapeutic centres, and finally to the triumph of being healed. Each of these women carried with her a world view and with that different life goals and speculations about what gives her life meaning. The point of safety is coming home to themselves, reclaiming their personal authority and gaining a sense of empowerment that helps them to voice their interdependence. It is as Pearson (1986) says: "Although they may feel very alone during the quest, at its end their reward is a sense of community; with themselves, with other people, and with the earth" (p. 3). I would also add a sense of communion with the God within themselves.

Significance of the Study

The experiences of healing that were shared by the participants have theoretical, substantive and practical significance for themselves and for potential wounded healers.

On a theoretical level, the findings of the study will contribute to the literature of women religious wounded healers. In particular, the findings will be significant to treatment centres where these women find the help they are seeking for their return to wellness. At the substantive level, the study describes the experiences of healing from the viewpoint of women religious wounded healers. The interpretation of these experiences which were shared will contribute to an understanding and knowledge of the process of healing. This study affirms that healing is possible, and describes a healing process. On a practical level, the study will have implications, insights and awarenesses for women who are still in their process of healing. It is hoped that the findings of this research will also have implications for therapeutic interventions which may be key in helping other professionals who work with wounded healers.

In general, the results of this study suggest that wounded people can reshape and refocus their lives. When these women find their voice through "the roar which lies on the other side of silence" and use it to gain control over their lives, healing happens (Belenky, Clinchy, Goldberger and Tarule, 1986, p. 4). These findings potentially have implications for all healers and caregivers in the helping professions who want to raise their voice in song. This is a challenge for other wounded healers, as Loren Eiseley (1946) shares in his book, The Immense Journey:

> The journey is difficult, immense, at times impossible, yet that will not deter some of us from attempting it. We cannot know all that has happened in the past, or the reasons for all these events, any more than we can with surety discern what lies ahead. We have joined the caravan, you might say, at a certain point; we will travel as far as we can, but we cannot in one lifetime see all that we would like to see or learn all that we hunger to know (p. 12).

The findings of this research have particular significance for the way in which wounded healers are viewed by researchers, therapists, and wounded healers themselves.

The core category "Finding voice" points to the significance of inner voice.

Further Research

When considered in the context of actual voice, the impact of voice on us is not well understood. This perspective has the potential to touch a theoretical domain that has been neglected. The impact of voice on us psychologically and physically has possibilities for further research.

Further research into the process of healing has the potential of providing better understanding of how healers or caregivers in the helping professions can avoid or prevent woundedness. Future research which utilizes more specific questions or probes with other groups of wounded healers, will allow for fuller descriptions and may provide some answers to questions which remain unanswered or have yet to be asked about the process of healing following a personal depletion or breakdown. Subsequent research of the psychological impact of one's inner voice to express the true self may provide answers to how others can heal from the inside-out.

Recommendations for further research could involve both men and women wounded healers. This would provide depth and breadth to the study. A study exploring a variety of therapies used by therapists in working with wounded healers would add many new dimensions to the understanding of the healing process. It may even reveal personality differences in how persons respond to treatment. Such a study would assist therapeutic professionals in understanding the role of therapy in the treatment of these persons. Finally, a comparative study of the experience of healing in an intensive residential treatment centre with an intensive day therapy out-patient treatment program would contribute interesting statistics in terms of financial output as well as rate of recovery for re-entry into ministry.

8. EPILOGUE

> Those hurts and pains that we experience in childhood don't just magically evaporate as we grow older. They rumble around in us, and when we have reached a level of strength, maturity, insight, and awareness to handle them, they come up to be worked through. This is one of the ways our inner being is loving to us. It gives us every opportunity to heal the hurts that we need to heal, and it gives us that opportunity when we are strong enough to handle it.
>
> (Anne Wilson Schaef, 1990, May 25).

The Reflective Voice

Many voices can be heard throughout these chapters, my own voice and the voices of those who have influenced the understanding of the healing process as experienced by women wounded healers. Through our stories, we hope that others will hear the sounds and the reverberations of their own voices and will be inspired to tell and retell their healing stories also.

Through the writing of this study, I have also paid attention to and listened to those voices that have influenced me, that have interacted with mine and have consequently helped to become more than I am; the voices of my committee members, colleagues, of friends, and of the writers whose work spoke to me. It was through the writing that I learned that the process itself was one of finding my own inner voice and locating myself within the healing stories that the six women shared.

The writing, conversations about writing, and reading from memos have helped to further understand the healing process. I have come to appreciate the struggle of finding a new centre from which to hear the sounds of my voice and the voices of others in the healing process. To heal therefore, is: "to stay with the twisted pain and accept oneself as unique and valuable" (Ann).

In hearing these stories there is a move away from fragmentation towards wholeness. For each of us there are many new beginnings and as Eliot (1944) has pointed out:

> What we call the beginning is often the end
> And to make an end is to make a beginning.
> The end is where we start from.
> (Eliot, 1944, Four Quartets, p. 47).

The highlight of writing this dissertation was hearing the recorded shared stories of the process of healing as experienced by wounded healers. The stories emerged from the interview interactions which were shared with the researcher. Each of the participant's approached her healing process as a result of her own personal experience. Each travelled the dimensions of the healing process in her own unique way.

A quote from Holmgrem (1987) seems appropriate to share my feelings about the women who shared more than their experience of healing, but shared their private lives with me. I hold what they shared as a gift and for me:

> It does not seem enough to leave the descriptions of these women ... at mere demographics and rationale for selecting the number of participants. These are women who are willing to open up their

> private lives and experiences ... to the study and through these pages, to the reader. Each expressed a desire to contribute her experience to further our understanding ... Each seemed to indicate that sharing her experience ... would add to its meaning if it helped ... For me, these were courageous women who were willing to expose themselves in order to help others. During the research process, I not only became fascinated with them and their stories, but gained a deep respect for them individually and collectively (p. 55-56).

Studies of the experience of the healing process especially for wounded healers portray that present experience is interpreted and understood in terms of future intentions. The stories, represented in this study, are not stories frozen in time. Interaction with women wounded healers has continued since the study was conducted and personal knowledge of the healing process has also continued to evolve as a result of therapeutic interventions and further readings that continue to contribute new insights into this process of healing.

It is my hope that the knowledge of human experience gained from the six women who participated in my study will assist and encourage other women on their unique healing journey. It is also offered as a gift from these women to the healers out there who have not yet touched back into their woundedness.

I offer this recording of stories as a gift to other wounded healers in the midst of pain and hurt: healing from the inside-out is possible, even after the most exhausting outside-in cures have failed. In the last analysis, healing is never going to come from outside. No antiseptic environment or drug is going to cure if there is not an inner desire for being cured and healed.

Finally, I celebrate with these women who voiced their journeys of woundedness to healing. Their willingness to tell and re-tell their stories has both humbled and educated me. As Rosen, (1986) notes:

> To tell a story is to formulate an interlocking set of meanings; to listen to one is in its turn an active search for the teller's meaning via one's own; to retell a story is also to do just that because listening is a kind of retelling (p. 231).

References

Ackerman, N. (1961). A dynamic frame for the clinical approach to family conflict. In N. Ackerman, F. Beatman, & S. Sherman (Eds.), Exploring the base for family therapy, New York: Family Service Association of America.

Archbold, P. (1986). Ethical issues in qualitative research. In W. Chenitz & J. Swanson. From practice to grounded theory. Menlo Park, California: Addision-Wesley Publishing Company, p. 155-164.

Assagioli, Roberto. (1965). Psychosynthesis. New York: Viking Press.

Assagioli, Roberto. (1973). The act of will. Baltimore: Penguin Books.

Baars, C. W., & Terruwe, A. A. (1976). Healing the unaffirmed. New York: Alba House.

Belenky, M. F., Clinchy, B. M, Goldberger, N. R., and Tarule, J. M. (1986). Women's ways of knowing. New York: Basic Books Inc., Publishers.

Bergin, A. E., Masters, K. S., Stinchfield, R. D., Caskin, T. A., Sullivan, C. E., Reynolds, E. M., & Greaves, D. W. (1990). Religious life-styles and mental health. In L. B. Brown & H. N. Malony, (Eds.), Religion personality and mental health, New York: Springer.

Bigus, O. E., Hadden, S. C., & Glaser, B. G. (1982). The Study of Basic Social Process in R. Smith & P. Manning (Eds.) The handbook of social science methods: Qualitative methods. New York: Johnston.

Blumenstein, H. (1986). Maintaining a family focus: Underlying issues and challenges, Clinical Social Worker Journal, 14(3) Fall, p. 238-249.

Brown, L. M. and Gilligan, C. (1992). Meeting at the crossroads: Women's psychology and girl's development. London, England: Harvard University Press.

Carswell, R. J. B. (1988). Journals in a graduate curriculum course. English Quarterly, 21(2), pp. 104-114.

Charmez, K. (1983). The grounded theory method: An explication and interpretation. In R. Emerson. Contemporary field research - A collection of readings. Boston: Little Brown and Company, p. 109-127.

Chenitz, W., & Swanson, J. (1986A). Surfacing nursing process: A method for generating nursing theory from practice. In W. Chenitz & J. Swanson. From practice to grounded theory. Menlo Park, California: Addison-Wesley Publishing Company. p. 25-37.

Chenitz, W., & Swanson, J. (1986B). Qualitative research using grounded theory. In W. Chenitz and J. Swanson. From practice to grounded theory. Menlo Park, California: Addison-Wesley Publishing Company, p. 3-15.

Chenitz, W., & Swanson, J. (1986C). Getting started: The research proposal for a grounded theory study. In W. Chenitz & J. Swanson. From practice to grounded theory. Menlo Park, California: Addison-Wesley Publishing Company, p. 39-47.

Chew, Judy. (1991). A grounded theory investigation of journal writing. Unpublished Doctoral Dissertation, University of Alberta.

Clandinin, D. J., & Connelly, F. M. (1988). Studying teacher's knowledge of classrooms: Collaborative research, ethics, and the negotiation of narrative. The journal of educational thought, 22(2A), p. 269-282.

Clandinin, D. J., and Connelly, F. M. (1990). Narrative and story in practice and research. In D. Schon (Ed.) The reflective turn: Case studies of reflective practice. New York: Teachers College Press.

Clandinin, D. J. (1985). Personal practical knowledge: A study of teachers' classroom images. Curriculum Inquiry, 15, pp. 361-385.

Clandinin, D. J. (1986). Classroom teacher: Teacher images in action. Philadelphia, PA: Falmer Press.

Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. Educational Researcher, 19(5), pp. 2-14).

Corey, G. (1982). Theory and practice of counseling and psychotherapy. Monterey, CA: Brooks/Cole Publishing Co.

Craig, Therese. (1983). Self-discovery through writing personal journals. Language Arts, 60(3), pp. 373-379.

Denzin, N.K. (1978). Interactionist perspective and process of theory construction: A point of view. In N.K. Denzin, The research act: A theoretical introduction to sociological methods, 2nd Edition. New York: McGraw-Hill Book Company.

Eiseley, L. (1946). The immense journey. New York: Random House.

English, J. J. (1992). Spiritual intimacy and community. London: Darton, Longman and Todd.

Erikson, E. (1968). Identity, youth and crisis. New York: W.W. Norton.

Fausel, D. F. (1988). Helping the helper heal: Co-dependency in helping professions. Journal of independent social work, 3(2), pp. 35-45.

Field, P., & Morse, J. (1985). Nursing research: The application of qualitative approaches. London: Croom Helm.

Frankl, V. (1967). Psychotherapy and existentialism. New York: Deven Lethgraphers Inc.

Gilligan C. (1982a). In a different voice: Psychological theory and women's development. Cambridge: Harvard University Press.

Gilligan, C. (1982b). New maps of development: New vision of maturity. American journal of orthopsychiatry, 52(2), 199-212.

Glaser, B., & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine Publishing Company.

Glaser, B. G. (1978). Theoretical sensitivity: Advances in the methodology of grounded theory. Mill Valley, CA: The Sociology Press.

Guba, E. G. (1981). Investigative journalism. In Nick L. Smith (Ed.), New techniques for evaluation. Beverly Hills, CA: Sage, pp. 167-262.

Harbaugh, G. & Roger, E. (1984). Pastoral burnout: A view from the seminary, Journal of pastoral care, 38(2), June, p. 99-106.

Harner, C. M. (1992). Governance in religious congregations. Human development, Vol. 13, (4), Winter.

Hoffart, N. (1991). A member check procedure to enhance rigor in naturalistic research. Western journal of nursing research, Vol. 13, (4), pp. 522-534.

Hooyman, N. (1983). Social support networks in services to the elderly. In J. Whittaker, J. Garbarino, and Associates (Ed.), Social support networks: Informal helping in the human services. Hawthorne, N.Y.: Aldine de Gruyter, pp. 133-164.

Hopson, B., and Adams, J. (1976). Towards an understanding of transition: Defining some boundaries of transition dynamics. In J. Adams, J. Hayes & B. Hopson (Eds.), Transition: Understanding and managing personal change. London: Martin Robertson, pp. 3-35.

Hunt, D. E. (1987). Beginning with ourselves in theory, practice, and human affairs. Cambridge Mass. and Toronto: Bookline Books and O.I.S.E. Press.

Hutchinson, S. (1986). Grounded theory: The method. In P. L. Munhall, & C. J. Olier (Eds.), Nursing research - A qualitative perspective. Norwalk, Connecticut: Appleton-Century Crofts.

Jordan, J. V. and Surrey, J. L. (1986). The self-in-relation: Empathy and the mother-daughter relationship. In T. Bernay and D. W. Cantor (Ed.), The psychology of today's woman: New psychoanalytic visions, pp. 81-104. Hilldale, N. J.: Analytic Press.

Josselson, R. (1987). Finding herself: Pathways to identity development in women. San Francisco: Jossey-Bass.

Kleiger, J.H. (1990). Emerging from "The dark night of the soul": Healing the false self in a narcissistically vulnerable minister, Psychoanalytic psychology, 7(2), p. 211-224.

Lackie, B. (1983). The family of origin of social workers, Clinical social work journal, 11(4), p. 309-322.

Lincoln, Y., & Guba, E. (1985). Naturalistic inquiry. Beverly Hills: Sage Publications, Inc.

Lyons, N. P. (1983). Two perspectives: On self, relationships, and morality. Harvard educational review, 53(2), 125-145.

Maslach, C. (1982). Burnout: The cost of caring. Englewood Cliffs, NJ: Prentice-Hall.

May, K. A. (1986). Writing and evaluating the grounded theory report. In W. C. Chenitz and J. M. Swanson (Eds.), (pp. 146-153). From practice to grounded theory: Qualitative research in nursing. Menlo Park, CA: Addision Wesley Publishing Co.

May, R. (1987). The art of counseling. Nashville, TN: Abingdon Press.

Meissner, W.W., SJ. (1965). Group dynamics in the religious life. South Bend, Indiana: University of Notre Dame Press.

Miles, M.B., and Huberman, A.M. (1984). Qualitative data analysis: A sourcebook of new methods, Sage Publications, Inc., Newbury Park: CA.

Miller, A. (1988). The drama of the gifted child. New York: Basic Books Inc.

Miller, J. B. (1988). Connections and disconnections. Work in progress 88-01. Wellesley: Stone Center Working Papers Series.

Miller, G. D., & Baldwin, D. C. (1987). Implications of the wounded-healer paradigm for the use of the self in therapy. Journal of psychotherapy, 3(1), pp. 139-151.

Mishler, E.G. (1979). Meaning in context: Is there any other kind? Harward educational review, 49(1), p. 1-19.

Nouwen, H. (1979). The wounded healer, New York: Doubleday Publishing Company.

Novak, M. (1978). Ascent of the mountain, flight of the dove. (2nd ed.). San Francisco: Harper and Row.

Osborne, J.W. (1990). Some basic existential-phenomenological research methodology for counsellors. Canadian journal of counselling, Vol. 24: 2, April, pp. 79-91.

Pearson, C. S. (1986). The hero within: Six archetypes we live by. San Francisco: Harper Collins Publishers.

Palmer, R. E. (1969). Hermeneutics. Evanston, Il: Northwestern University Press.

Pargament, K.I. (1987). God help me: Towards a theoretical framework of coping for the psychology of religion. A paper presented at the meeting of the American Psychological Association, New York City.

Patterson, (1990). In search of the wounded healer: A helping professional's guide to inner resources. Dimension Books, Inc., Denville: New Jersey.

Patton, M.Q. (1990). Qualitative evaluation and research methods, Second Edition, Newbury Park, California: Sage Publications, Inc.

Patton, M.Q. (1980). Qualitative evaluation methods. Beverly Hills, California: Sage Publications.

Payne, I.R., Bergin, A.E., Bielema, K.A., Jenkins, P.H. (1991). Review of religion and mental health: Prevention and the psychosocial functioning, Religion and prevention mental health journal, p. 11-40.

Pines, A.M., Aronson, E., & Dafry, D. (1981). Burnout: From tedium to person growth, New York: The Free Press.

Progoff, Ira. (1975). At a journal workshop: The basic text and guide for using the intensive journal process. New York: Dialogue House Library.

Quartaro, G. (1985). Using psychology self help books: A grounded theory perspective. In D. Rennie (Chair). The Phenomenological experience of psychological treatment. Symposium conducted at the annual meeting of the International Human Science Research Conference, Edmonton. AB.

Quartaro, G. (1986). The grounded theory method: A review of the method's impact on research and some reflections on the role of the researcher. Presented at the Fifth International Human Sciences Research Conference, University of California, Berkeley.

Rennie, D., Phillips, J., & Quartaro, G. (1988). Grounded theory: A promising approach to conceptualization in psychology? Canadian psychologist, 29(2), p. 139-148.

Rodgers, R. F. (1984). Theories of adult development: Research status and counselling implications. In S. D. Brown and R. W. Lent (Eds.) Handbook of counselling psychology (pp. 479-519). New York: John Wiley and Sons.

Rosen, H. (1986). The importance of story. Language arts, 63, pp. 226-237.

Rubin, T.A. (1975). Compassion and self-hate. New York Collier Macmillan Publishers.

Sandelowski, M. (1986). The problem of rigor in qualitative research. Advances in nursing science, 8(3), p. 27-37.

Schaef, A. W. (1990). Meditations for women who do too much. San Francisco: Harper Collins Publishers.

Schaef, A. W. (1987). When society becomes an addict. San Francisco: Harper and Row.

Schaef, A. W. (1981). Women's reality: An emerging female system in a white male society. San Francisco: Harper and Row Publishers.

Schafer, R. (1981). Narration in the psychoanalytic dialogue. In W.J.T. Mitchell (Ed.), On narrative. Chicago, Il. University of Chicago Press.

Serlin, I. (1990). Therapy with a borderline nun, Psychology and religion journal, 27(1), Spring, p. 91-94.

Stanley, L. & Wise, S. (1983). _Breaking out: Feminist consciousness and feminist research_. Boston, MA: Routledge & Kegan Paul, Ltd.

Stern, P. (1980). Grounded theory methodology: Its uses and processes. _The review journal of philosophy and social science_, _7_(1,2), p. 200-215.

Strauss, Anselm & Corbin, Juliet. (1990). _Basics of qualitative research: Grounded theory procedures and techniques_. Newbury Park, CA: Sage Publications, Inc.

Surrey, J. L. (1983). Self in relation: A theory of women's development. Work in progress. Wellesley: Stone Centre.

Swanson, Janice, M. (1986). Analyzing data for categories and description. In W. C. Chenitz & J. M. Swanson (Eds.), _From practice to grounded theory_ (pp. 66-78). Menlo Park, CA: Addison-Wesley Publishing Co.

Tappan, M. (1990). Hermeneutics and moral development: Interpreting narrative representations of moral experience. _Developmental review_, _10_, pp. 239-265.

Turner, B. (1981). Some practical aspects of qualitative data analysis: One way of organizing the cognitive processes associated with the generation of grounded theory. _Quality and quantity_, _15_, p. 225-247.

Valle, R.S., King, M. (1978). An introduction to existential phenomenological thought. In R.S. Valle and M. King (Eds.). Existential-phenomenological alternatives for psychology, pp. 3-17. New York: Oxford University Press.

Whitehead, E. E., Whitehead, J. D. (1984). Seasons of strength. New York: Doubleday Company Inc.

Wilson, H., & Hutchinson, S. (1991). Triangulation in qualitative methods: Heideggarian hermeneutics and grounded theory. Qualitative health research, 1 (2), pp. 263-276.

Zug, G., & Rubenstein, D. (1965). A review of concepts in the study and treatment of families of schizophrenics, In I. Nagy and J. Framo (Eds.), Intensive family therapy, New York: Harper and Row.

APPENDIX A

Bernadette Laframboise
#704 11020 - 53 Avenue
Edmonton, Alberta T6H 0S4

May 27, 1992

Dear

I am engaged in doing a doctoral dissertation on the topic, "The Process of Healing as Experienced by Women Wounded Healers."

I am hopeful you may help me in understanding how such healing is achieved.

As a participant, this could require two or three interviews about your own process and the experience of healing. These interviews are not intended to be therapy sessions, but rather would be opportunities for you to tell your story as part of the data collection for my research.

I want to assure you that your participation will be held in strict confidence. Should you agree, a formal explanation and a formal release form will fully explain the confidentiality of the study and your right to opt out of this study at any time.

I would appreciate your reply by June 30, 1992. Thank you for taking time to consider my request; I hope to hear from you soon.

Sincerely,

Bernadette Laframboise
Please call me at 436 - 4536 if you have any questions about this request.

Please return the form below.

___________I would like to participate.

___________I am unable to participate.

Thank you for considering this request.

APPENDIX B

Informed Consent

University of Alberta
Faculty of Education, Department of Educational Psychology
Informed Consent Form

PROJECT TITLE: The Process of Healing as Experienced by Women Wounded Healers
INVESTIGATOR: Bernadette Laframboise Phone: 436-4536 (H)

The purpose of this research project is to determine how wounded women healers experience being wounded and to investigate how they eventually recover their abilities to become once again healthy healers through their process of healing.

Should you consent, you will be asked to participate in two or more interviews which could involve a total of three hours. During these interviews, questions will be asked about the problems that led up to the need for therapy as well as questions related to the on-going process of healing. These interviews will be audio-taped and transcribed. These tapes and transcripts will not be shared with anyone not directly involved in this research. Anonymous quotations from these interviews may be included in the final report. Names and other identifying information will be deleted from the transcripts.

There may be no direct benefit to the participants of this study, but there may be changes made to counselling theory and practice which will benefit other women who experience themselves as being wounded healers in need of healing.

THIS IS TO CERTIFY THAT I ______________________ HEREBY agree to
print name
participate as an informant in this project. I understand that there will be no risks to me resulting from my participation in the research.

I agree to be interviewed and for these interviews to be audio-taped and transcribed. All tape recordings and transcripts will be stored in a locked cabinet, along with other relevant data that is shared with the researcher.

I understand that at the completion of the research, the tapes will be erased. All names, codes, and addresses will also be destroyed at the end of the study. I understand that the information may be published, but my name will not be associated with the research.

I understand that I am free to not answer specific questions. I also understand that I can withdraw my consent and terminate my participation at any time without negatively influencing my treatment.

I have been given the opportunity to ask whatever questions I desire, and all such questions have been answered to my satisfaction.
PARTICIPANT'S SIGNATURE ______________________
RESEARCHER'S SIGNATURE ______________________
DATE ______________________

APPENDIX C

Feb. 8, 1993

Dear Bernadette,

I have read with great interest your theory of the Process of healing. As I reflected once again upon my own experience of FINDING VOICE, I could certainly identify with the BPP outlined on page 7.

BACKGROUND

The 'Core Belief' in my own background was the belief of 'not belonging' at home and certainly this belief dogged me for many years in religious community. As I look back it is as though I set myself up to perpetuate the 'not belonging' belief. I chose a Congregation whose culture and language was different from my own and, in effect, lived for years feeling like a 'second-class citizen'.

CIRCUMSTANCES

Being in the middle of a large family, I always felt that I was 'too small' to tag along with the older siblings and 'too big' to go along with my younger siblings. Although I believed that I was part of a loving, close-knit family, I discovered in my early fifties how dysfunctional my family of origin really was. In an attempt to belong both to family and community I excelled in everything and 'overworking' became the compensation.

TURNING POINT

For me, the turning point came when I was challenged by my spiritual director to seek counselling. I had come to a point of 'meaninglessness' in my life. Depression had set in and I questioned everything: life, vocation, ministry, God, Church, humanity, hardly anything was exempt. At that point I felt like a robot, simply going through the motions of living, yet merely existing.

STRATEGIES

At first there was a lot of denial, a good deal of faking wellness, anger turned in on myself and eventually sought therapy. It was at this place of healing which you describe as a stage where one finds one's true self and finds voice, that I began the long process of recovering my 'true Christ-self' as Merton calls it and once again finding voice. My voice has been so ignored in religious life that eventually it had been totally silenced.

CONSEQUENCES

I began to VOICE my needs which required that I first reacquaint myself with my 'true Christ-self' as opposed to the false self I had lived out of for so long. My true Christ-self allowed me to verbalize my woundedness. The road leading to a healthy self-image, self-esteem, and self-confidence was a long and rocky one. As self-acceptances grew so did my sense of belonging to me, a me who had a voice worthwhile hearing, a voice that could blend in with others for harmony and music in life. Tone and volume needed much experimentation. Today, fourteen years later, I have gained considerable wisdom in recognizing tone and volume which are so indicative as to whether my voice is coming from my false self or true Christ-self.

Both in community and in ministry the challenge remains to be at appropriate times, soloist, at other times choir members adding to the harmony, and at other times to allow the beauty of silence to speak.

The terrible excruciating pain of collapse into depression and the long healing process of FINDING VOICE has fashioned me into a perceptive and compassionate wounded healer. In my ministry I so often hear those tones and volumes which are so indicative of the need for FINDING VOICE. I am able to affirm and to challenge, knowing that there is HOPE, a hope that resides in the very core of the human person.

A WORD OF GRATITUDE

I have been greatly enriched by your metaphor of 'voice'. Throughout my own healing process symbols, images and dreams have greatly contributed to insight necessary to recover my true Christ-self. I am deeply grateful to you for a new metaphor for the healing process. The unheard voice that eventually became silenced and through the healing process was recovered with richer tone and volume speaks the word: THANK-YOU, FOR THIS METAPHOR comes a reminder to me of the ongoing need to LISTEN to my true Christ-self and to allow that self to speak and live with great AUTHENTICITY in HARMONY with all of life.

Many blessings,

Lori

APPENDIX D

Participants Information Form

Name:____________________________________Date:________________

Address:____

Telephone Number:______________________________

Date of Birth__________________________________

Educational History:____

____

____

Dates of time of therapy____

Place of program or therapy location_______________________________

____

Length of therapy during which your healing process occurred__________

____

Is there a pseudonym you would like to be called in this study?

____

APPENDIX E

Charlene's stages of healing

1. Being aware and admitting that I needed therapy, because of my low energy level and depression.
2. Breaking the spell that my shame and guilt had over me because of my relationship with the father of my child.
3. Telling my significant other and the person in authority about my relationship and the pregnancy.
4. Touching back into my basic issue of not being loved and nurtured by my parents as an infant and child. My need to be loved and accepted. My resistance to show that need creates a great tension within me.
5. Working with my body which is both rigid and masochistic in bioenergetics. Getting the energy to flow through my body so that I will be able to 'let go' of past wounds and be on the road to recovering.
6. Using massage therapy to help this 'letting go' happen.
7. A good sign that I have let go some of the pain is that, my energy level has increased and I have also enjoyed my sense of humour again. It feels good to laugh again.
8. Opening up to and establishing new relationships.
9. Learning to trust others again.
10. Stating my boundaries without fear of being rejected.
11. Thinking more positively about myself.
12. Appreciating that I am lovable.
13. Enjoying some pleasure in life, like dancing and playing the piano.
14. My hope for inner healing has increased and I will continue to seek therapy for some time. I need solitude and time for prayer also.

APPENDIX F

THE YOUNG NUN

(poetry by Craigher De Jachelutta)
(music by Franz Schubert)

How the howling storm rages through the tree-tops
The rafters creak, the whole house trembles!
Thunder rolls, lightning flashes,
and the night is as dark as the grave.

Let the storm rage - so it raged in me but a short while ago
Life roared as the storm does now;
my limbs trembled, as the house now trembles;
love flared as the lightning now flares;
and my heart was as dark as the grave.

Rage on, wild and mighty storm,
in my heart there is peace and repose
The loving bride awaits the bridegroom
she is purified in the testing fire
and betrothed to eternal love.

I await you with longing my Saviour
Come heavenly bridegroom, to claim your bride,
Deliver my soul from its earthly bonds
Listen - how peacefully the bell sounds from the tower?
Its sweet sound calls me
powerfully to the eternal heights,
Hallelujah!

APPENDIX G

Jan. 20/92 A Fairy Tale: In The Garden

Once upon a time there was a little girl called Minietta. She lived in a house beside a big forest. A long lane led out to the main road and on one side of the house was a large flower and vegetable garden. She had helped her parents to plant the garden and now was waiting with great excitement for the plants to appear.

One bright, sunny morning she looked out over the garden and lo and behold she saw the plants poking their heads through the soil. After that, she ran out every day to check on their progress.

One morning, after breakfast Minietta decided to go out and sit in the middle of the garden to listen to it grow. She sat on the warm ground and didn't move a muscle. Soon she heard some murmurs and whisperings and humming and rustling.
"Caro, move over a little. You're squishing me," said Corey.
"I can't," replied Caro, "because Minietta is sitting too close to me."
"Well, ask her to move over," said Corey.
Minietta, hearing this, moved over and said, "Here you are Caro, there's space for you now."
"Thank you, Minietta," whispered Caro.

Minietta wandered over to Zuchi and Zini to see how they were doing.
"Look, Minietta, I'm bigger than Zini," shouted Zuchi.
"No, you're not!" Zini shouted back.
"Yes, I am," screamed Zuchi.
"No ... Yes" the shouting match continued.
"What do you think, Minietta? Who's bigger?" both asked.
Minietta knelt on the ground and looked closely at Zuchi and Zini and said, "Well, how about that, you are both the same size and you both look lovely."

"Help," a small voice whimpered.
Minietta looked around trying to see who was in distress.
"Who is it?" whispered Minietta.
"It's me, Peety. I need help."

Minietta went over to Peety, knelt beside him and asked, "What is the trouble, Peety?"
"I'm caught under these leaves and I'm really very cold. I want to get into the sun so I can soak in the sunshine and grow into adulthood."

"How about if I move these leaves in the other direction. Will that help?" asked Minietta.
"Yes, thank you, that would be wonderful," Peety sighed.

Minietta stood quietly in the garden and listened. She could hear Cukey and Cumber having a race with each other to see who could reach the end of the row first. She could hear Tater huffing and puffing as he dug in further into the ground. She could hear Beansy giggle as the wind rustled through her row. Suddenly she heard Pansy calling, "Minietta, Minietta, come over here." Minietta strolled over to Pansy and bent down towards her saying, "Oh, you are so pretty today Pansy and your perfume is so nice to smell. I'm very happy that you are living here."
"Thank you," said Pansy as she brushed against Minietta.
"Oh, look Minietta, here comes Squirrely and Rabsy out of the forest."
"Hi everybody," squeaked Rabsy and Squirrely. "We came to play for a bit."
"Oh good" shouted everyone in the garden.
After an hour of playing hide and seek, and tag, everyone settled down to rest, snoozing and dozing in the sun and dreaming of the wonderful time they had enjoyed together.